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| NHSNBT_logo.jpg**COVID-19**  **Hospital Summary**  **To be completed by individual (with help if needed) before coming into hospital**  **Call Southmead Hospital Learning Disability Liaison Nurses: 0117 414 1239**  **Please also bring your Hospital Passport** | | |
| **My name is:**  **I would like you to call me:** | **My date of birth:** | |
| **My address:** | **My NHS number:** | |
| **My telephone number:** | |
| [Rights Safe](https://www.photosymbols.com/collections/politics/products/rights-safe?_pos=2&_sid=39dcb1669&_ss=r)**Keeping me safe (any risks or behaviours that hospital staff need to know)**: | | |
| [Inhaler 1](https://www.photosymbols.com/collections/health/products/asthma-inhaler?_pos=9&_sid=53f98e9d1&_ss=r)**Breathing issues (e.g. asthma, history of breathing difficulties)** | | [Coronavirus Symptoms](https://www.photosymbols.com/collections/health/products/coronavirus-symptoms?_pos=10&_sid=99511f94c&_ss=r)**If you have a new cough, when did it start?** |
| **What was your last temperature?**  [Thermoscan 2](https://www.photosymbols.com/collections/coronavirus/products/thermoscan-2?_pos=3&_sid=397191e25&_ss=r)  **Date: Time:** | | [Swab nose](https://www.photosymbols.com/collections/health/products/swab-nose?_pos=1&_sid=8e6411d6c&_ss=r)**What support would you need to have a swab taken?** |
| [Blood Pressure 1](https://www.photosymbols.com/collections/health/products/blood-pressure?_pos=6&_sid=9d0d3102d&_ss=r)**What support would you need to have your observations taken?** | | [Coronavirus Symptoms](https://www.photosymbols.com/collections/health/products/coronavirus-symptoms?_pos=10&_sid=99511f94c&_ss=r)**Have you had any contact with someone with a new cough or fever?** |
| **My closest family/representative:**  **Their relationship to me:**  **Their address:**  **Their telephone number:** | | |
| [Television](https://www.photosymbols.com/collections/home/products/television?_pos=14&_sid=af684d100&_ss=r)**Things that you like or would distract you if you are upset?** | | |