

**Scottish Ambulance Service
Patient & Carer Information Form**

Patient's Name:	Crew ID:
Patient's Address:	
Patient's Date of Birth:	Patient's CHI No (if known):
Enter stop code number from list below:	SAS Case No:

An Ambulance attended you at (Time) on (Date) because you experienced:

- We have assessed your condition and, in accordance with our procedures, it is our judgement that you **do not** need to be transported to hospital/ other care provider at this time,
- Or you have withheld consent for our proposed course of action.

Our advice is that you (patient, guardian or carer) should do the following:

We have left you a copy of this form and our Patient Care Record, which provides further information about your clinical signs and what treatment, if any, was provided. Please send or take this form to your Doctor for his/ her information and to file in your Medical Records, as soon as is possible. The information in these forms is not intended to provide a final diagnosis or complete health care advice. We recommend that you always contact your own care practitioner for personal health advice.

Important Information - if there is any change in your condition such as:

1. Another worrying episode of your condition occurs
2. If you feel unwell or get worse in any way
3. If anyone else has any concerns about you
4. If you feel increasingly vulnerable or at risk from something or someone
5. If your care arrangements break down, or you find it difficult to care for yourself

You should immediately contact one of the following - Your Doctor or Practice Nurse, or NHS 24 on 111 (out of hours); or if it is an emergency call 999.

If you do not understand, or disagree with what is being done - please discuss your concerns with the ambulance team **before** they leave. You may also feel that the advice or presence of a friend, neighbour, relative or other carer, may be helpful and the crew may be able to help you contact someone.

To benefit your future health and wellbeing, this form and the care record **MAY** be shared with other appropriate Health/ Social care providers (and NHS24) for the purposes of your continuing care, health records or clinical audit - **UNLESS** you explicitly refuse by signing in the attached box. Our recommendation is that you **DO** allow information to be shared.

I do not wish my information to be shared: (sign)

Crew Information - give top copy to Patient / Carer along with a copy of PCR. Attach carbon copy to SAS PCR. To protect vulnerable people & public safety, patient agreement is not necessary for proportionate information sharing. A patient refusal form should also be completed where the patient REFUSES or WITHHOLDS CONSENT!
Stop codes - 1. Treat & Refer. 2. Not required other NHS attending. 3. No injury, no treatment, no transport. 4. Police dealing with incident. 5. No consent for examination/ travel / treatment. 6. Treated on scene by crew/ other. 7. Minor injury/ condition requiring no treatment.