





Please bring this with you to each appointment

This guide is currently being tested as to whether it would be of benefit to NHS Western Isles patients, their families and carers.

All comments/feedback you provide are important and will help us to identify whether this resource will continue to be used and, if so, what additions/amendments should be made.

Comments/Feedback for this guide should be sent to:

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Email: denise.symington@nhs.net

We understand how difficult it can be to understand and process all the information you may receive at your clinical appointments.

The following sheets are your personal guide to help you record the information you receive at each of your clinical appointments. Further individual sheets are also available to download at: www.wihb.scot.nhs.uk/my-patient-journey

The following sections are enclosed to help you record information given to you, or that you may be asked, during your clinical appointments:

- · your personal details
- your medical details
- any prescriptions or medications you are currently taking (if requested, your GP may be able to provide you with a printout of your medications)
- future appointment details
- · contact names and numbers.

It is important to note that during your appointment, you will be discussing your illness and treatment options, so may not be able to fully comprehend or remember to write down all the information you receive.

You may find it invaluable to have a friend or family member with you so that they can help support you and write down the information you receive on your behalf.

At any time if you require assistance, or have any questions, please do not hesitate to ask.

MY DETAILS

Name:	
Address:	
Date of Birth:	
	LOCAL INFORMATION
GP:	
GP Practice:	
Tel. No.	
Local Consulta	ant:
Specialist Nurs	se:
Hospital Tel. N	o
	MAINLAND INFORMATION
Hospital:	
Mainland Cons	sultant:
Hospital Tel. N	o

USEFUL CONTACTS

Specialist Nurse:	
Tel. No.	
Benefits Advisor:	
Tel. No.	
Tighean Innse Gall:	
Dept. Work & Pensio	ons:

APPOINTMENTS

Date Tim	ne Loca	ation	Appointment Detail

APPOINTMENTS

Date Tim	ne Loca	ation	Appointment Detail

MEDICATION INFORMATION

Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	

MEDICATION INFORMATION

Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	
Name:	 Amount/Mg:
No. taken each day:	
When taken each day:	
Taken for:	

Date:	Meeting with:
At this appointment	it was explained to me that
Date:	Meeting with:
At this appointment	it was explained to me that

Date:	Meeting with:
At this appoint	ment it was explained to me that
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Date:	Meeting with:
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Date:	Meeting with:
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Date:	Meeting with:
	Meeting with:

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At this appointment it	was explained to me that
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Date:	Meeting with:
	Meeting with:was explained to me that

Notes

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website: www.wihb.scot.nhs.uk/feedback or share your story at: www.careopinion.org.uk or 0800 122 31 35
- Tel. 01851 704704 (ext 2408) on a Tuesday and Friday afternoon between 1pm and 4pm.

Produced by: Patient & Health Information Group, NHS Western Isles. (Draft)

Disclaimer

The content of this factsheet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor-patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your individual needs.