

INFORMATION PRESCRIPTION
There is no charge for this item

Patient Details Name: DOB: Address: Postcode: NHS Number:		Initials of Issuer: ____ Place of Issue: North Tyneside <input type="checkbox"/> Northumberland <input type="checkbox"/> Date of Issue: ____ / ____ / <u>08</u>	
Who is the information for? (tick one only) Patient <input type="checkbox"/> Carer <input type="checkbox"/> (complete below) Carer Name: Relationship: Address (if different): Postcode:		Consent given: Yes / No Telephone No (required): Preferred contact time:	
Where is patient in Care Pathway? (tick one only)			
GP referral		Maintenance	
Diagnosis		Complex	
Starting treatment		Advanced	
I would like information on (tick all that apply):			
Treatment and care		Overview of info sources	
Carer/family information		Planning for the future	
Support groups		Benefits and financial	
Practical advice			
Self management			
Other (Please State):			
Additional Information (e.g. sensory/cognitive impairments, preferred language):			
Getting your Information Prescription I would like to have the information (please tick appropriate box):			
Posted to the above address		E-mailed to me at (Please give details):	
Posted to another address (Please give details):		Other:	
Signature: Designation:			