



To: **SHROPDOC – Special Patient Notes (SPN)** email: shropdoc.flagging@nhs.net

From: Date:

Service: Pages:

To confirm SPN receipt by Shropdoc, please contact the Team Leader on 01743 454 901

SPECIAL PATIENT NOTES

Please complete the Patient Details and the notes and fax them back to us for a patient to be flagged on our computer system. The instructions will be kept for future reference for as long as the notes are valid.

PATIENT DETAILS		Male <input type="checkbox"/>	Female <input type="checkbox"/>
SURNAME		FIRST NAME	
D.O.B		TEL. No.	
ADDRESS			
POSTCODE			

PATIENT NOTES	
<p>Shropdoc operates a policy of good practice around information sharing. The sender of this form assumes responsibility for sharing this information in accordance with the provisions of the Data Protection Act 1998, Caldicott Principles and NHS Good Practice Guidelines around patient consent and confidentiality. <u>If the form is sent electronically, it must be done from an nhs.net address.</u></p>	
<p>ONE of the following categories MUST be selected;: 'Child at Risk', 'Palliative Care', 'Addiction', 'Mental Health', 'Violent Risk / Risk to HCP', 'Basic Notes (other e.g. telehealth)'</p>	
DATE:-----	
CATEGORY:-----	
CLINICAL NOTE:-----	
Please review this note in:	1 week 1 Month 3 Months 6 Months <i>(please circle.)</i>
Please remove this note in:	1 week 1 Month 3 Months 6 Months <i>(please circle.)</i>
SIGNED:	POSITION:

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