



**Paper Version of KIS.**

**Items in RED are mandatory.**

**Items in BLACK autofill in eKIS.**

**Items in GREEN are optional.**

**0. Consent and Special Notes**

**Consent**

I consent to that this information being added to my Key Information Summary (KIS)	Yes	No	Date
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Date of review:	Reviewed by:
Date of next review	

**Special Notes / What is Important to Patient**

*Baseline functional and clinical status to help clinician identify deterioration – e.g. baseline O2%, 6-CIT score, level of mobility*

*Ceiling of therapy / how far treatment should go/patient's wishes and priorities*

**1. Demographics**

**Person's Details**

Title	Gender	CHI
Forename (s)	Surname	
Date of Birth		
Address (inc postcode)		
Tel Nos.		
Access Information e.g. key safe		

**GP / Practice details**

GP:
Address inc post code:

Telephone numbers:

Carer							
Title		Gender		Relationship		Keyholder?	
Forename (s)					Surname		
Address (inc postcode)							
Tel Nos.							
Next of Kin							
Title		Gender		Relationship		Keyholder?	
Forename (s)					Surname		
Address (inc postcode)							
Tel Nos.							
2. Summary of Clinical Management Plan/Current Situation							
Current Health Problems/Significant Diagnoses							
Essential Medication and Equipment				Yes	No	Notes	
Oxygen therapy							
Non-Invasive Ventilation							
Anticipatory Medication at home							
Continence / Catheter Equip at home							
3. Care and Support							
Other Agencies Involved				Contact Numbers			
Essential Medication and Equipment				Yes	No	Notes	
Syringe Driver							



Moving and Handling Equipment at home			
Mobility Equipment at home			
<b>Adults with Incapacity</b>	<b>Date</b>		<b>Notes ( free text box)</b>
None/Not Applicable			
Has Wel attorney apt under (AWI) (Scotland) Act 2000			
Power of Attorney applied for			
Lasting Power of Attorney Property and affairs			
Advanced Directive Held			
<b>Power of Attorney Details</b>			
<b>Title</b>	<b>Gender</b>	<b>Relationship</b>	<b>Keyholder?</b>
Forename (s)	Surname		
Address (inc postcode)			
Tel Nos.			
<b>Guardianship with Welfare Decision Making Powers</b>	<b>Date</b>		<b>Notes (free text box)</b>
Guardianship Appointed AWI (Scotland ) Act 2000			
<b>4. Resuscitation &amp; Preferred Place of Care</b>			
<b>My preferred place of care</b>			
<b>My views about hospital admission/ceilings of care/family agreement</b>			
<b>Resuscitation Wishes (if appropriate)</b>			
<b>Resuscitation Information (if appropriate)</b>			
<b>DNACPR</b>	<b>Yes</b>	<b>No</b>	