

PATIENT MANAGEMENT SUMMARY (e.g. for ambulance personnel/other acute healthcare providers)	
Date completed:	Patient Identification Label (or write full legal name, NHI number and home address)
Patient name (preferred):	
Lead health practitioner (name/practice):	Contact number: After hours contact details:
Associated hospice (if applicable):	Contact phone number:
Diagnosis:	
Co-morbidities:	Allergies:
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact details:	Language:
Does the patient have an Advance Care Plan/Advance directive? Yes <input type="checkbox"/> (see attached) No <input type="checkbox"/>	
MEDICINE OPTIONS (include indication) – The following treatment options have been considered appropriate in consultation with the patient/EPA and/or family/whānau. See next page for further patient care goals.	
INJECTABLE MEDICINE (name only) AVAILABLE AT HOME TO BE ADMINISTERED	
ENACTED EPA (Enduring Power of Attorney) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Contact number:
Relationship to patient:	
Name and signature of health practitioner completing form:	
Signature of patient/EPA if appropriate:	Date

