

What you need to know about my condition

Although I am in hospital for [.....], I also have [**CFS/ME**], the symptoms of which vary from person to person and are different from one time to another. To help me cope while I am in your care, you need to know the following information.

Full Name

The name I like to be called by

Address
.....

Telephone

In an emergency//for more information contact

Telephone

GP name

Surgery telephone

Bolton and Bury CFS/ME NHS Service, Neurological Rehabilitation Services,
Brightmet Health Centre, Brightmet Fold Lane , Brightmet, Bolton, BL2 6NT.
Telephone 01204 462 765 Fax 01204 462 768

Essential information

E.g. symptoms which may arise which require urgent attention and what to do in these circumstances, religious/cultural needs, existence of an advance directive.

NICE Clinical Guidelines 53 for CFS/ME published August 2007

**Please remember that my condition varies over time
ask me what my needs are now**

Eating and drinking

I eat and drink independently yes no

I need the following help when eating or drinking

.....

I have the following dietary needs / food allergies

.....

Communication

My condition does does not affect my **ability to communicate**

I have no some considerable difficulty in **hearing**

I have no some considerable difficulty in **understanding**

I have no some considerable difficulty **finding words**

I have no some considerable difficulty **recalling information**

How you can help when talking to me or when I am trying to tell you something

.....

Mobility

My mobility is is not affected by my condition

I experience muscle weakness muscle stiffness tremor
which affects my:

Upper limbs sometimes often constantly

Lower limbs sometimes often constantly

Torso sometimes often constantly

Head / neck sometimes often constantly

Hands / feet sometimes often constantly

I can walk unaided with assistance

I can stand unaided with assistance

Before I am discharged you need to plan

.....
.....
.....

Other useful contacts (e.g. social worker, main carer etc)

Name	Role	Telephone
Caroline Higson	Support Group Contact	01204 525 955
.....
.....
.....

More about [CFS/ME]

Use this box as you wish, for example, to give some general information about the condition to help those who might not be familiar with it, or to highlight a particularly important piece of information e.g. sensitivity to noise, light, temperature, adrenalin injections, etc.

Thank you for helping to make my stay as comfortable as possible

Signed Patient	Dated
Specialist CFS/ME Team Member/ GP: Other Health Professional:	Dated

This leaflet was developed by the Neurological Alliance with the help of its member charities. Particular thanks are due to the Motor Neurone Disease Association, the Sarah Matheson Trust, the Tuberous Sclerosis Association and the Walton Centre.

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