Special Patient Notes

This form should **NOT** be used for patients with a Terminal Illness – Please use the Notification of Patient Requiring Palliative Care Intervention form (ref: OPS-F-012) available from the Badger office on 0121 766 2120.

Patients Details (please use Block Capitals)

Full Name **NHS Number**	**Date of Birth**	**Telephone Number**
Home Address		**GP & Surgery**

Patient Note

This information may be shared with external agencies? Yes / No
This information may be shared when attached to a case? Yes / No

This information should be reviewed on: …… (date)

Signed …… Print Name ……...

Surgery…… Date ……

Please return ***during office hours*** to:

Duty Team Leader, Badger House, 121 Glover Street, Birmingham B9 4EY

Fax: 0121 766 5135 For further information Tel: 0121 766 2120
Please telephone Badger to confirm receipt

For BADGER use only:

Data added to the system ☐ Date: _____ Initial: _____

Surgery has contacted to confirm receipt ☐ Date: _____ Initial: _____