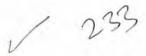
## PATIENT ADVICE AND LIAISON CONTACT INFORMATION





Ref:	Date: 080404		Method: Tee-	
		(e.	g. telephone/fax/e-mail/in person)	
PALS officer: TH	PCT: F(C		Name of service query relates to	
Enquiry received from:				
1. Name:			Caller information	
Code A		Telephone: 8. Home:		
2. Address:		9. Work: Code A 10. Mobile: 11. Other:		
3. Gender: M 4. Calling on behalf of another person? (Yes/No) 5. Ethnic Origin 6.(Name of other person and relationship)		12. Address, telephone no of other person if different from above		
			Code A	
7. DOB of other person	Code A	Hospital N	0:	
How did you find PALS info	: HEARTH I'M	*		
/	Pern	nission Status:		
Not required:	Required:		Received:	
Enquiry (Area of concern –	eg Specialty, GP,			
Breakdown of concern: (e.g. 'or specified needs, eg. Blind	person/deaf persor	1)		
CLIGHT CONCERNO ABOUTH HER FATHER AND LE BOTH APPROPRIATE AND HAVE BEEM ADDRESSE	THER FATHER WANTED TO K. WANTED TO K. DEFFERING IN DIN A CERT	2. SHE IS AT NOW THE TO UNDSEPTAND AN OVAH.	THENDING THE GP SURGED TONIGHT SPE OF COUSTON WHICH WOULD INA WHY HER FATHERS PROBLEMS	
Diraces assur And of	ACTO RELATING	7 To Thore	11	
WHAT COARE MANAGE	MENT PLAN EX VANAGED LOCAL	LY ? WHY	AGE "MY FATHERS EMPHASEMA" NO REFERRAL TO CONCULTANT AS	
NY MOTHER HAP!	> CHAIGHTIONS	AND TREAT	MOST IF ANY.	
IN MINE OF TROOP NUMBER	THE POLICE	TROTTELL	HER FATHERS INDERENDENCE.	

Follow up information: Further Action required? Yes, N	If YES, what action	on?		
Refer to Other Service?	If YES, which ser	If YES, which service		
1. Date Contacted:	Who Contacted:	Action required:		
PALS 080404	ALQ	Action required: CLIGHT APPROVED THE THE OF CONSTIONS TO ASK AS OH FROMT CONSL. I SUGGES SHE USES KICH POINTS BY		
2. Date Contacted:	Who Contacted:	Action required: PRICEITIBLING NOCESS.  SHE NEEDS TO BE AWARE THAT TO BET ON HER FATHERS BELL TO BET ON HER FATHERS BELL SHE MUST HAVE HIS RELIMINES		
3. Date Contacted:	Who Contacted:	Action required: CENCENT WILL AND FORBIRD IF CHAMPPY WITH TONGHTS METING		
4. Date Contacted:	Who Contacted:	Action required:		
5. Date Contacted:	Who Contacted:	Action required:		
6. Date Contacted:	Who Contacted:	Action required:		
7. Date contacted:	Who Contacted:	Action required		
Resolution achieved? Yes/No/Part	If YES, Date:	Brief description		
Comment:				
If required was written consent ask	ced for? Date: If Y	ES, was written consent received: Date		
Lessons Learned? Some people	de stell accor form	ES, was written consent received: Date when 'to challenge Doctors' orvices such as PALS.		

Signed: .. Code A Date: Date: Do 04.04.

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## PATIENT ADVICE AND LIAISON SERVICE

## CONTINUATION SHEET FOR USE WITH DATABASE FORM FOR ADDITIONAL INFORMATION

Ref No:	WK	COMM	26/04/04
	*******	********	

Please list below any additional details (eg waiting information from someone; waiting to contact someone) which are relevant to the ongoing case, together with any dates.

Code A 23.04.04. TELE TO GIVE FEED BACK ON THE DES APPOINTMENT. FOR HER FATHER. HE WAS VAGNOSED COTTAL CANCER. CLICHT WANTED TO ASK FOW TO HEEP HER FATHER IN THE MOW. TERMINAL STAGE OF HIC WIFE. SHE DOES NOT WANT TO COMPLAIN (MOR DOG HER FATHER) ABOUT PERCEINED WARK OF DUE CARE AND ATTENTION FROM THE GP. WE DIRCUPTED A ROUTE TO A MANAGEMENT PLAN THAT WOULD INCOUDE HEE AS WICH AS PHE AND HER FATHER DESIRED. MURRE SPECIALIST INVOLVEMENTAL. WE DISCUSPED THE TYPE OF OWER TIONS SHE FELT SHE WOULD CLIKE TO ARK THE CONSULTANT, NOW IN QUARGE SINCE DIAGNOSIS. YOU CHUS ME CONFIDENCE, ENCOURAGE ME, HELP ME TO REMAIN IN CONTROL FOR DAD'T STAKE" THIS CADY WAS DISTRESSED BUT RATIONAL SHE SUGGESTED THAT FOLLOWING THE MOW INEVITABLE DEATH OF HEE FATHER SHE WOULD LIKE TO LET THE OF PRACTICE KNOW HOW THE FEET, HOW SHE AND HOR PATHER WERE IN ADEQUATELY MANAGED, ABOVE ALL SHE WANTS THEM TO LEARN LESSONS. IF CODE A DUES CHOOSE TO TAKE THE ABOVE ROUTE SHE HAS CAID SHE WOULD WIKE PALL TO DIRWIS RECEVANT ISSUES WITH HER PRIOR TO ANY OF ENGAGEMENT.