Given to the caregiver/relative

My Loved One Is In Hospital

Thank you for caring for _____________________________ (patient name) while at home. As healthcare workers we will now endeavour to provide this care in the hospital. Unfortunately due to the Covid-19 pandemic, visiting of hospital patients needs to be limited to protect everyone involved. We still want you to be involved in caring for your loved one.

Your loved one will be in ward _____________________________ at _____________________________ Hospital.

Contact numbers:

Ward: _____________________________

Hospital switchboard: _____________________________

If you need information about your loved one, you are welcome to contact us. Should your loved one’s condition change significantly, we will inform you on the contact details you supply.

Please ensure these details are correct and telephones are answered.

Due to the Covid-19 pandemic, visiting of hospitalised patients unfortunately needs to be limited to certain situations only. Should you have any queries about visiting or about hospital policy, please contact the hospital information/public relations officer (PRO) on _____________________________.

Alternatively, you can contact your loved one’s care team.
Keep this section in the patient’s file.

Meet my loved one. Thank you for helping my loved one.

My name is ________________________________

My ________________________ (relationship to patient) is ______________________________

_________________________________ (patient’s name).

Their preferred name is ________________________________

Important things I would like you to know about my loved one & their condition are:

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

Some tips about caring for him/her/them from my perspective:

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

He/she/they like ____________________________________________________________

(things the patient enjoys, foods, hobbies, interests)

The person I would like you to contact should my loved one’s condition change is ________________________________

contact number is ________________________________

A second contact number, should the first person not be available is ________________________________

for ________________________________ (person’s name).