Registered charity 1179825

Medical Summary

Steroid Dependent Patient

Name:

Date of birth:

A record for you, or to photocopy & give to your GP, endocrinologist or other specialist.

For Members

Name:

Date of birth:

1/5

GP & Next of Kin Details

GP name:

Phone no.

Address:

Next of kin name:

Phone no.

Address:

2/5

Diagnosis Summary

Include any diagnosis you have and if you can remember, when you were diagnosed, or how old you were at the time.

3/5
Hospital Details

NHS number:

Hospital numbers:	Hospital name:

4/5
Medication Summary - Steroid Dependent Patient

Medication	Dose	Time taken

Name:

Date of birth:

5/5

My Top Three

Note your questions, concerns, things to remember, or other notes, for during your check up or consultation.

For further advice please contact:
Email: enquiries@addisons.org.uk
Website: addisonsdisease.org.uk
Registered charity 1179825

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This leaflet is provided by the Addison's Disease Self-Help Group (ADSHG), who are working to support people with Addison's and adrenal insufficiency. We promote better medical understanding of this rare condition and take action to advance research into treatment and management to improve patient safety and quality of life.