

About me

Name I like to be called:

My pronouns are:

Date of birth:

Date completed:

My medical conditions are:



*'About me' can be completed and updated anytime by either yourself or the people who are supporting you.
About me can be used alongside care plans and taken to unfamiliar or new places, such as hospitals and
medical appointments. It is not a medical document.*

Website: ehlers-danlos.uk

Email: info@ehlers-danlos.uk

Advice line: 0800 907 8518

Social media: [@ehlersdanlosuk](https://www.instagram.com/ehlersdanlosuk)

Youtube: [@ehlersdanlosupportuk](https://www.youtube.com/channel/UCehlersdanlosupportuk)



EDSUK

My full name:

My hospital number:

My NHS number:

My contact number:

My GP surgery is:

My emergency contact is:

Name:

Number:

Things that I need to make access to care easier:

Include neurodiversity needs, eyes, hearing, understanding, etc

A large rectangular area defined by a purple border, intended for the user to write their response to the question about things that make access to care easier.

My mobility needs are:

Include movement, mobility aids, need to sit/move etc

My current medication:

My allergies are:

What I currently need:

How you will know if I am in pain:

Health Professionals I am currently seeing:

Health professional visits:

Other support I am receiving:

Other support visits:

Name, profession and contact details for the people involved in my care

Other things I would like you to know:

Please do not:

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