Shunt emergency information

Fill out this form to keep all your information in one place. Just write N/A where something doesn't apply.

Name: _____ Date of birth: ___/___/___

Condition: hydrocephalus caused by _____

NHS number: _____

Neurosurgical Centre: _____

Consultant: _____ Direct line: _____

Clinical Nurse Specialist: _____

Email: _____ Direct line: _____

Type of Shunt: ☐ Fixed ☐ Programmable Shunt setting: _____

	Date:	Where:
First shunt insertion	___/___/___	_____
Last revision	___/___/___	_____
Last MRI/Outpatient app	___/___/___	_____
Last CT scan	___/___/___	_____

CT scans to date: _____

Well scan: _____

Other relevant medical history including hydrocephalus history: (e.g. slit ventricle/previous ETV/infections)

_____

_____

Allergies: _____

Other conditions: _____

_____

Vaccination status: _____

Local Paediatrician: _____ Direct line: _____

GP practice: _____

GP name: _____ Direct line: _____