**Proforma for GP contact**

**Cumberland House Surgery**

|  |  |
| --- | --- |
| Residents Name |  |
| What is the issue/concern? |  |
| How long has this been going on for? |  |
| Has the GP been contacted about this issue previously? |  |

Please complete a full set of observations and record below:

|  |  |
| --- | --- |
| Temperature |  |
| Blood pressure |  |
| Heart rate |  |
| Oxygen saturation |  |
| Urine sample | Please have available if UTI suspected Please note does not need urine dip if aged over 65 |

Please complete this form and have the information with you when the GP calls.