

Name of next of kin _____
 Address _____
 Telephone No _____
 Relationship to card bearer _____

If available, please supply the following facts about your shunt
 What model (Manufacturer) is it? _____

Serial Number _____

When was it put in place? _____

Who performed the operation? _____

ASBAH, 42 Park Road
 Peterborough PE1 2UQ
 Tel: 01733-555988 Fax: 01733-555985

TO BE USED IN AN EMERGENCY

I have Hydrocephalus which is controlled by a
VP / VA
(delete which does not apply)
shunt



Name _____
 Date of Birth _____
 Address _____

SPECIMEN ONLY

TO BE USED IN AN EMERGENCY

Whenever there is a possibility that my Hydrocephalus is causing problems, it is important to seek the correct help immediately.

Possible signs of acute shunt blockage or infection may include:

Vomiting, headache, dizziness, photophobia (sensitivity to light) and other visual disturbances, drowsiness and fits.

Possible signs of chronic shunt blockage may include:

Fatigue, general malaise, visuo-perceptual problems, behavioural changes, decline in academic performance, being just 'not right' from the carer's point of view.

If I have any of these symptoms, please contact my specialist:

Name of my specialist _____

Hospital _____

Telephone _____

If I am away from home, it is important that my condition is assessed at a specialist neurosurgical centre **within four hours** of acute symptoms developing.

I am currently taking the following medication _____

Known allergies _____