**PRIVATE AND CONFIDENTIAL**

**Patient name**

**Patient address**

DATE:

Dear \*\*patient name\*\*,

**D.O.B:**

**Trust No:**

**NHS No:**

**Personal Support Plan, \*\*hospital name\*\***

Please find enclosed a copy of your personal support plan. An electronic copy exists that will be accessed by our staff if you present to the Emergency Department.

Please take the time to have a good look at the plan and contact us if you feel that there are any amendments that should be made by calling \*\*telephone number\*\*.

Of course, should you need attention for a medical emergency, please do present to the Emergency Department.

Yours sincerely,