



APPLICATION FOR AMBULANCE PSI

Patient First Name: **GABRIEL**

Home Address: **[REDACTED]**

Patient Last Name: **GRICIUTE**

1PW

Date of Birth: **14-05-2021**

NHS Number: **[REDACTED]**

GP Name: Dr JK Birch

Temporary Address: [Click or tap here to enter text.](#)

GP Surgery: Woodlands & Clerklands Partnership
Woodlands Surgery Tilgate Way, Tilgate, Crawley West
Sussex RH10 5BW

GP Phone Number: 01293 517 092

Diagnosis:	Left Intracardiac Ventricular Fibroma
Presentation:	Sudden death or haemodynamic instability
Possible Complications:	
Care Plan:	For full escalation of treatment Gabriel is at risk of a sudden death at home due to a cardiac arrhythmia. Please ring the Paediatric Palliative care team should you need any further information.
Transfer of care:	Local Hospital

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All applications for a Patient Specific Instruction (PSI) will undertake a clinical review prior to approval. Once approved the patient will be issued with a copy of the PSI and an alert card. All PSIs are subject to yearly review and can be updated as required.

Please Return completed form to PatientAlert.secamb@nhs.net

DECLARATION:

I confirm that the details above are, to the best of my knowledge, accurate and in the patient's best interests and that I am the patient's General Practitioner or their General Practitioner is aware of this application.

Signature: _____ Name: Dr Oran Goldchmid GMC Number: 7873411 Date: 28.05.21

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