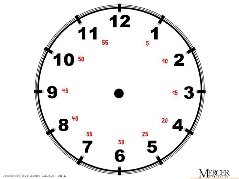
**Hospital Appointment**

**When ............................... Where ..........................**

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Who I Saw. ..........................................



............................................

|  |  |
| --- | --- |
| What we discussed |  |
| What next? |  |

Need more help?

care

Acute Care Learning Disability Liaison Team (RD&E)

Tel 01392 402237

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