

# Appendix 23.

**Expert Patient  
Programme  
Toolkit**

# Undergraduate Psychiatry Teaching Team

## Expert Patient/Carer Data Sheet

Patient/Carer Name

**BLOCK CAPITALS**

Address:

Postcode:

Contact No.

Email:

Gender:

Date of Birth:

NHS No.  
(If Known)

GP Name:

GP/  
Surgery  
Address

Contact No.

Are you still receiving Mental Health Services?      **Yes**      **No**

Name of Consultant/  
Care Co-ordinator:

Next of Kin:

Date of Birth:

Symptoms  
(Optional)

If Carer, please state your experience:

I prefer to receive payment by (PTO): **Bank Transfer**

Bank Name:

Account Name:

Account No.

Sort Code: