

Lithium Alert Card

This patient is taking lithium therapy

This card should be carried at all times and shown to healthcare professionals

Name of patient:

Address:

Postcode:

Telephone:

GP:

NHS number:

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Details of lithium therapy

Brand:

Daily dose:

Formulation (*delete as appropriate*):

Tablet / Liquid

Treatment commenced on:

Name of hospital/clinic:

Telephone number of clinic:

Name of support team:

Telephone number of team: