# **CHANGE IN CIRCUMSTANCES FORM**

# **Change - Restart Treatment**

**Declaration:**

This form is to inform you that this patient’s treatment is restarting after being On Hold

**Patient Information**

|  |  |
| --- | --- |
| Hospital: |  |
| Hospital Number: |  |
| Patient Name: |  |
| Date of birth: |  |
| Patient Post code: |  |

**ERT homecare treatment information**

|  |  |
| --- | --- |
| Name of enzyme replacement therapy: |  |
| Treatment on hold from: |  |
| Restart treatment date: |  |
| Managing consultant: |  |
| Additional information:  |  |

**Hospital administration**

|  |  |
| --- | --- |
| Name of person completing form: |  |
| Contact number: |  |
| Date: |  |