



My hospital passport



My name is

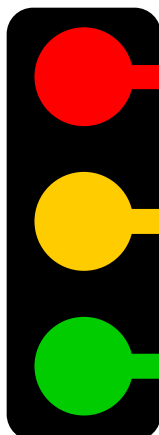
I like to be called

If I have to go to hospital this book needs to go with me. It gives hospital staff important information about me.

It needs to be at the end of my bed. A copy should also be put in my notes.

**This passport belongs to me.
Please return it when I am discharged.**

Nursing and medical staff please look at my passport before you do any interventions with me.



Things **you must** know about me

Things that are **important** to me

My **likes** and **dislikes**

Things **you must** know about



Date of birth



Address



Telephone



This is how I tell
people how I feel



Family contact

Relationship



Address



Telephone



My support needs
and who gives me

Things **you must** know about



Church

Religion

Religious needs



Mosque

Ethnicity



GP Surgery

Doctor (GP)

Address



Telephone



Other services and professionals involved with me



Allergies



Risk of choking when eating, drinking or swallowing

Things **you must** know about



My heart or breathing problems

Medical interventions (how to take my blood, blood pressure, give injections)



My current medication

Things **you must** know about

Operations and illnesses I have had



What to do if I am worried or upset



Things that are **important** to me



How to communicate with me (such as speaking, signing, pictures)

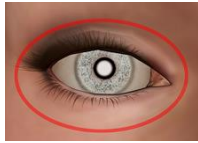


How I take medication (such as tablets, injections, syrup, blister packs, support)



How to tell if I am in pain

Things that are **important** to me



Problems with my sight and hearing



How I move around (such as walking aids, posture in bed)



My personal care (such as dressing, washing)



How I use the toilet (such as continence aids, help to get to the toilet)

Things that are **important** to me



How I eat (such as needing food cut up, risk of choking, help with eating)



How I drink (such as small amounts, thickened fluids)



How I sleep (such as sleep patterns, routines)



What support is best for me (keeping me safe)

Things **you must** know about me

Things I like

Like what makes me happy, things I like to do such as watching TV, reading, music and my routines

Things I don't like

Like shouting, some kinds of food and being touched.

Things I like



Please do
these things

Things I don't like



Don't do
these things

Completed by:

Date:

Review date:

Following my visit to hospital

What's changed?

About my health, medication and support needs?

What do I need now?

To make sure my changed needs around health, medication or support are met?

(E.g. ask pharmacy to make sure my medication is in a blister pack when I am discharged)

For more information about this hospital passport, please contact the Cumbria Partnership NHS Community Learning Disability Health team on 01228 603189. Ref SP019

This Hospital Passport is based on original work by Gloucester Partnership NHS Trust, and subsequent work by Walsingham.