



# My hospital passport



My name is

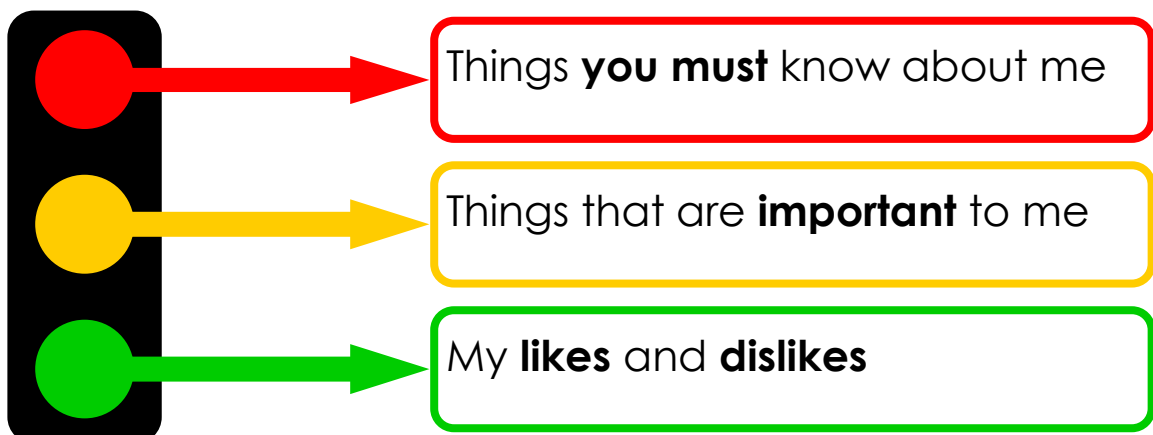
I like to be called

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



**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  
the most support**

**Completed by**

**Date**

**Review date**

# Things **you must** know about



**Religion**



**Religious needs**

**Ethnicity**



**Doctor (GP)**



**Address**



**Telephone**



**Other services and professionals involved with me**



**Allergies**



**Risk of choking when eating, drinking or swallowing**

Completed by

Date

Review date

# Things **you must** know about

## My heart or breathing problems



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



## My current medication



Completed by

Date

Review date

# Things **you must** know about

## Operations and illnesses I have had



## What to do if I am worried or upset



Completed by

Date

Review date

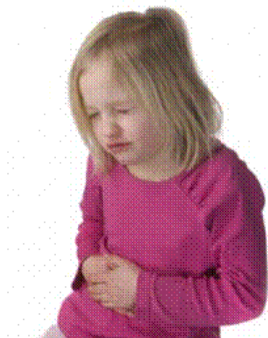
# Things that are **important** to me



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



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



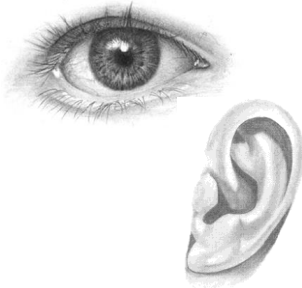
**How to tell if I am in pain**

Completed by

Date

Review date

# 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)**

Completed by

Date

Review date

# 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)**



Completed by

Date

Review date



# 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 01229 404550. SP020**

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