

Photo

# This is my Hospital Passport

My name is:

I prefer to be called:

If I have to go to hospital this book needs to go with me.  
It needs to hang on the end of my bed and a copy should be put in my notes.  
Please return it to me when I go home.

**STOP**

Things **YOU MUST** know about me.

**READ  
&  
ASK**

Things that are **IMPORTANT** to me.

**HELP**

**My likes and dislikes.**

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



Date of Birth:



Address:



Tel No.



Main contact  
person:

Relationship:

Tel No.

Religion:

Religious requests:



# STOP - Things YOU MUST know about me.

## Communication

This is how I speak or communicate:



This is my level of understanding and ability to give consent:

## Current Medical Conditions

These are my relevant health conditions which might be useful to you and a brief medical history that may be relevant to my current care:



Allergies:

This is the medicine I currently take:



This is how I take my medication:



This is how I show that I am in pain:

This is how I tolerate medical interventions like physical examinations, injections, drips etc.



# READ & ASK - Things that are **IMPORTANT** to me.

## Communication

I may sometimes use sounds, noises, or gestures, if I do, this is what I mean:



This is my level of reading and writing:

This is how I hear and the aids I use:



This is how I see and the aids I use:



## Anxieties & Fears

These are the fears and anxieties I might have and ways of supporting me:



These are the times when I might need someone I know to stay with me whilst I am in hospital:

## Personal Care

This is the help I need with my personal care:



This is my usual sleep pattern and routine:

## Continence

This is the help I need with my continence:



These are the aids I use:

## Level of Support

This is who needs to stay with me and how often:



# READ & ASK - Things that are **IMPORTANT** to me.

**Eating & Drinking** This is what I like to eat and drink:



This is the help I need when eating and drinking:



These are the aids I use when eating & drinking:



**Mobility**

This is how I move around:



This is the assistance I need to help me move around:



**Keeping Safe**

This is my usual behaviour:



This is the help I need to keep me safe:



# HELP - My likes, dislikes & Interests

## My Likes & Dislikes

**LIKES:** for example - what makes me happy, things I like to do and my interests i.e. watching TV / DVD's, reading, music, routines, people...

**DISLIKES:** for example - don't shout, food I don't like, personal space...

Things I Like  
Please do this:



Things I don't like  
Don't do this:



# Additional Information

Please use the space below to add any further information which you feel might be important for hospital staff to know:

Below are some of the people who are involved with my care when I am at home:

Main Carer (contact) :		Family <input type="checkbox"/>	Paid <input type="checkbox"/>
Other people involved in my care:			
Name	Profession/ Relationship	Contact Number	



## Thank You!



For advice & guidance on care of adults with a learning disability in hospital, please contact:

### Health Access Team

Coventry  
02476 967 914

Warwick  
01926 317700 ext 7567

George Elliott  
02476 865 028

#### Acknowledgments

This Hospital Passport is based on original work by Gloucester Partnership NHS Trust, and has now been adapted from work by Wandsworth PCT, St George's Healthcare NHS Trust and Wandsworth Council.