



This is my

1

Hospital Passport

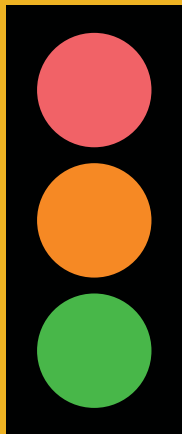
For people with learning disabilities, cognitive impairment or additional communication needs coming into hospital

My name is:

- 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 hang on the end of my bed and a copy should 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.



Red - Things you must know about me

Amber - Things that are important to me

Green - My likes and dislikes

Mental Capacity Act 2005

If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interests.

Name:

Contact details:

Relationship:

Things you must know about me

2

About me



Name:

Likes to be known as:



NHS Number:

Date of birth:



Address:

Phone number:



How I communicate:

What language I speak:

Family contact person



Name:

Relationship:



Address:

Phone number:

Things you must know about me

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Carer or other support

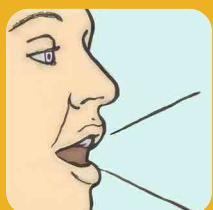


Name:

Relationship:



Address:



Phone number:

Carer's spoken language:

My GP



Name:

Address:

Phone number:



Any other services/professionals involved with me
e.g. social workers etc:

Things you must know about me

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My support needs



My needs and who gives me the most support:



Any religious/spiritual needs:

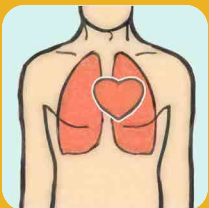
Medical information



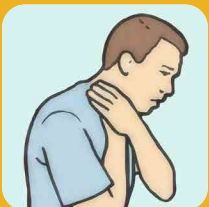
Allergies:



Special requirements for medical interventions
e.g. how to take blood, give medications etc:



Heart / breathing problems:



Risk of choking, dysphagia when eating and drinking:

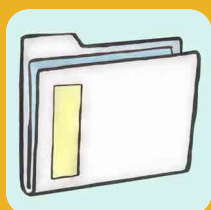
Things you must know about me

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Medical information



Any current medication (please refer to prescriptions):



My medical history/treatment plan:



Any problems hearing:



What to do if I am anxious:

Things that are important to me

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Physical/personal considerations



Moving around: e.g.. posture in bed, walking aids



Personal care: e.g.. dressing, washing, etc.



How I eat: e.g.. food cut up, pureed, help with eating



How I drink: e.g.. drink small amounts, thickened fluids

Things that are important to me

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Physical/personal considerations



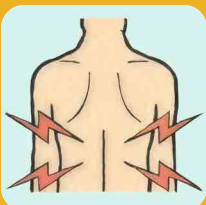
How I keep safe: e.g.. bed rails, support with challenging behaviour



How I use the toilet: e.g.. continence aids, help to get to toilet



Sleeping: e.g.. sleep pattern or routine



How you know I'm in pain:

Things that are important to me

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My eyes



Right Eye

☐

It's ok

☐

There is a problem



Left Eye

☐

It's ok

☐

There is a problem

Please say more here e.g. poor colour vision, poor night vision

How clearly I see things:

☐

Good clear vision

☐

Poor vision

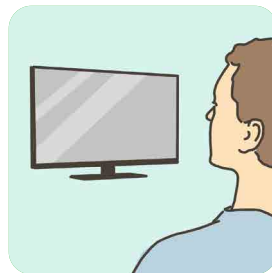
☐

Double vision

I wear my glasses for:

☐

Looking at things near to me Like reading and looking at mobile phones

☐

Looking at things far away from me Like watching TV or looking at a view

☐

Both

Likes and dislikes

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Likes:

What makes me happy, things I like to do, such as watching TV, reading, music, routines.

Dislikes:

examples: don't shout, food I don't like, physical touch.

Things I like:

Things I don't like:

Completed by:

Date: