

This is my Hospital Passport

For people with learning disabilities 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.



Things you **must know** about me

Things that are **important** to me

My likes and dislikes

Things you must know about me



Name:

Likes to be known as:



NHS number:

Date of Birth:



Address

Tel No:



How I communicate/What language I speak:



Family contact person, carer or other support:

Address:

Tel No



My support needs and who gives me the most support:



My carer speaks

Date completed By

Things you must know about me



Religion:

Religious/Spiritual needs:

Ethnicity



GP

Address:

Tel No:

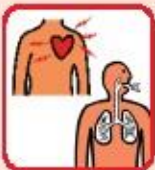
Other services/professionals involved with me:



Allergies:



Medical Interventions – how to take my blood, give injections, BP etc.



Heart -
Breathing:



Risk of choking, Dysphagia (eating, drinking and swallowing):

Date completed

By

Things you must know about me



Current medication:

THIS MEDICATION MAY BE SUBJECT TO CHANGE, IT WAS CORRECT AT THE DATE OF COMPLETION.



My Medical history and treatment plan:



What to do if I am anxious:

Date completed _____

By _____

Things that are important to me



How to communicate with me:



How I take medication: (whole tablets, crushed tablets, injections, syrup)



How you know I am in pain:



Moving around: (Posture in bed, walking aids)



Personal care: (Dressing, washing, etc)

Date completed _____

By _____

Things that are important to me



Seeing/Hearing: (Problems with sight or hearing)



How I eat: (Food cut up, pureed, risk of choking, help with eating)



How I drink: (Drink small amounts, thickened fluids)



How I keep safe: (Bed rails, support with challenging behaviour)

No Problems



How I use the toilet: (Continence aids, help to get to toilet)



Sleeping: (Sleep pattern/routine)

Date completed _____

By _____

My likes and dislikes

Likes: for example - what makes me happy, things I like to do
i.e. watching TV, reading, music, routines.

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like

Please do this:



Things I don't like

Don't do this:



Date completed _____

By _____

Notes

A large rectangular area with horizontal lines for writing notes. The lines are evenly spaced and cover the majority of the page's content area.

Please contact your local community learning disability team if you have any questions about the passport:

This Hospital Passport is based on original work by Gloucester Partnership NHS Trust and a second Version adapted by the Corporate design department at Wandsworth Council