

This is my Hospital Passport

For people with learning disabilities and or autism coming into hospital

My name is:

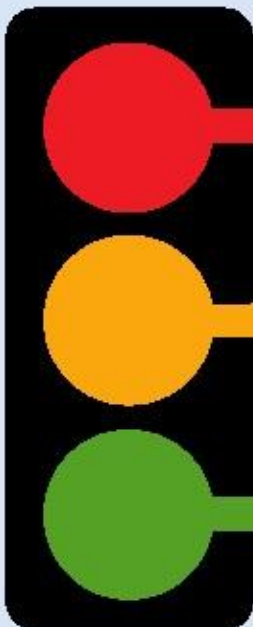
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

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:

Relationship e.g. Mum, Dad, Home Manager, Support Worker:

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:

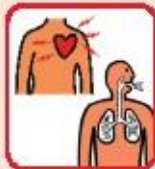
Other services/professionals involved with me:



Allergies:



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



Heart

Breathing problems:



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

Date completed

by

Things you must know about me



Current medication:



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)

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)



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



Sleeping: (Sleep pattern/routine)

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:



Notes

A large rectangular area with horizontal ruling lines, intended for taking notes. The lines are evenly spaced and cover the majority of the page below the header.

Contacts and useful websites

Community Learning Disability Teams (CLDT)

www.easyhealth.org.uk

www.intellectualdisability.info

www.mencap.org.uk/gettingitright

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

This Hospital Passport was developed by the South West London Access to Acute Group and based on original work by Gloucester Partnership NHS Trust.

Thank you to The Baked Bean Theatre Company, members of our community, Wandsworth Community Learning Disability Team, members of the St Georges Access to Acute working party, Merton CTPLD Community Nurses and the Corporate Design department at Wandsworth Council who all inputted into the redesign of this document.