

Hospital Passport

For people with learning disabilities coming into hospital

My name is:

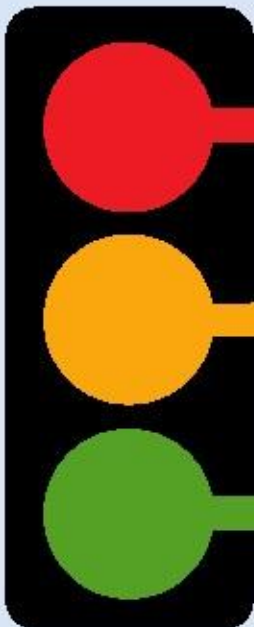
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

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:

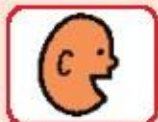
Relationship e.g. Mum, Dad, Home Manager, Support Worker:

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:

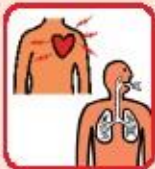
Other services/professionals involved with me:



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:

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 _____

Risk Behaviours

(Including known risks i.e. Sexulised behaviour,
Challenging Behaviour)

Please clearly detail any interventions i.e Strategies that can prevent, please be explicit and include any care plans/risk assessments in place.

Date completed: _____ By: _____

Things that are important to me



How to communicate with me:



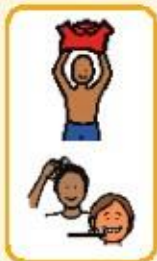
How I take medication: (whole tablets, crushed tablets, injections, syrup)



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)



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



Sleeping: (Sleep pattern/routine)

Date completed: _____

By: _____

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