

This is my Health Passport

For adults who need additional support when accessing health services.

My Name is:

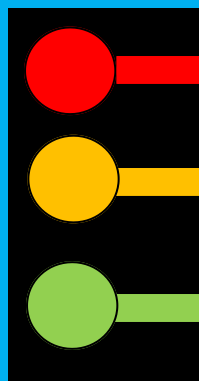
NHS:

Put my
Picture here

I need to take this to hospital and all other health appointments. This gives health staff important information about me. Kindly put a copy in my bedside notes and give me back the original. **Please do not hole punch it.**

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



Please call me:

Date of Birth:



Address of where I live:

Phone number:



My next of kin:

Tel:

My care provider:

Tel:

My social worker:

Tel:

My GP:

Tel:

Who you should call first:



My allergies:

Things you must know about me



My medical conditions:

If I have Epilepsy – a description of my seizures:



Do I have any heart or breathing problems?



If I take medication, please bring my records.
I prefer liquid/tablet/patch/injection:



Do I have a CMC Urgent Care Plan? **Yes/No**

Do I have a PBS Plan? **Yes/No**



How do I communicate? I prefer speaking/pictures/signing/third party/other:

Languages I speak/understand.



How I react if I'm anxious or find the situation challenging:

Triggers:

How best to support me:



What do I need to help me consent?



How best to take my blood or give me an injection:



My religion is:

This means I need to:



Do I have any eating risks or needs (swallowing/cutting up food/soft diet/chocking risk/eating aids/PEG /dentures)?



I need help with eating:

Things you must know about me



Do I have any drinking needs or choking risks (thickened/small amounts/restricted fluids)?

What I like to drink:

What I drink from:

Things that are important to me



What you need to keep me safe (bed rails/people to support me):



Level of support I need (who needs to stay with me and how often):



How can you tell when I'm in pain?

What helps?



Do I have any seeing or hearing needs? (glasses/hearing aids):



What help do I need getting around or change places? (frame/wheelchair/orthotics/sling/hoist):



What help do I need to use the toilet? (catheter/incontinent pads/stoma/other aids):



What support do I need with personal care? (washing/dressing/mouth care):

What helps?



What support do I need with sleep? (positioning/sleep pattern/routine):

What helps?

My likes and dislikes

Likes: e.g. what makes me happy, special toys, things I enjoy doing i.e. watching TV, reading, music, routines.

Dislikes: e.g. shouting, physical touch, bright lights, needles, food I don't like.

Things I like.

Please do this:



Things I don't like.

Please don't do this:



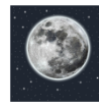
Completed by:

Date:

Please contact your local Learning Disability Team for further information



to



to



Brent and Harrow

020 8238 0900

No out of hours

Hillingdon

01895 556664

No out of hours

Ealing

020 8566 2360

020 8748 8588

Hammersmith and Fulham

020 8383 6464

020 8748 8588

Hounslow

020 8583 3529

020 8487 3515

Kensington and Chelsea

020 7313 6880

020 7313 6820