This is my Hospital Passport

For hospital staff

- Please look at my passport before you talk to me or offer me any treatment
- Please keep this booklet by my bed
- Make sure all the nurses caring for me read it
- **Consent** - I may need more time and help to say **yes** or **no** to treatment

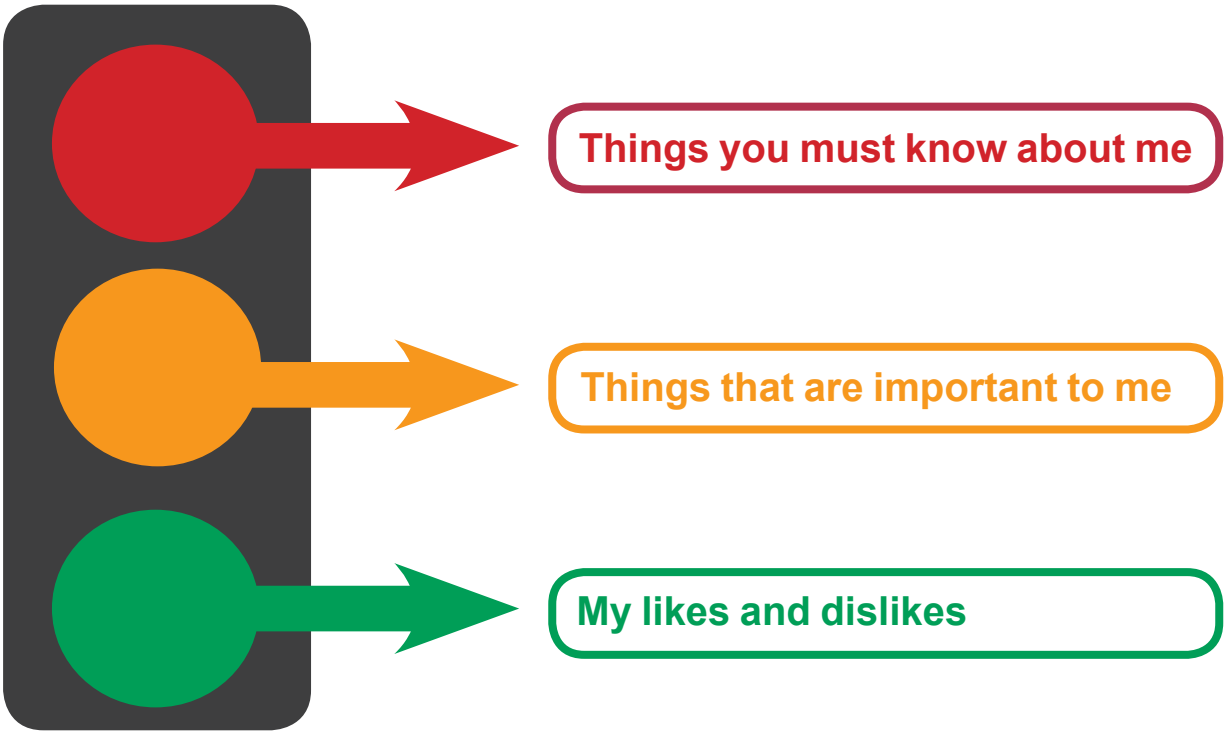
My name is .....

I like to be known as .....

Support worker / carer .....

Their phone number is .....

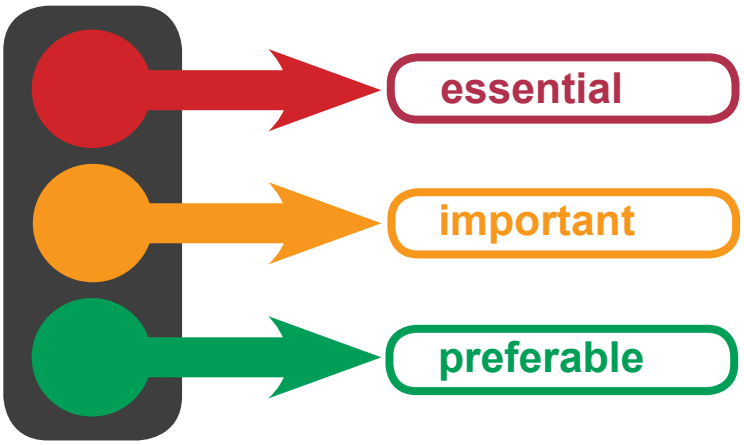
Date filled in .....



This Passport belongs to me
Please return it to me when I go home

For Hospital STAFF

This booklet is filled out by the patient with support from a carer or support worker. They can bring it with them into hospital. The main purpose of this booklet is to provide hospital staff with three types of information in a format that is quick and easy to use.



The aim of the booklet is to make sure that people with learning disabilities can tell staff what support they need.

People with learning disabilities are twice as likely as the general population to be admitted into hospital. Communication between the person and their health staff has been found to be a major obstacle to the provision of good health care to people with learning disabilities.

Things you must know about me

GP .....

Address .....

.....

Phone number .....

Community team or other services who take care of me

.....

Things you must know about me

NHS Number

Date of birth .....

Address .....

.....

Phone number .....

How I communicate / what language I speak .....

.....

Family contact person, carer or other support .....

.....

Relationship (for example mum, dad, support worker)

.....

Address .....

.....

Phone number .....

My carer speaks .....

Support needed for consent .....

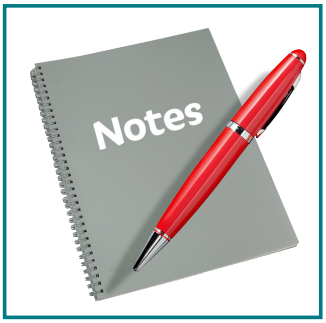
.....

.....

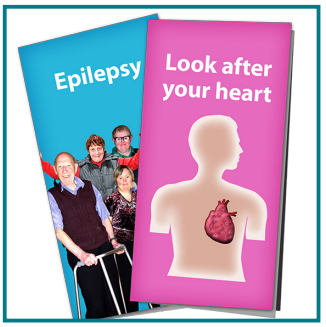
Religion

☐ ☐ ☐ ☐ ☐ ☐ Other ☐

Things you must know about me

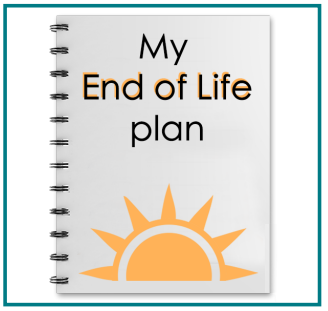


Short medical history



Current medical conditions

Current medication



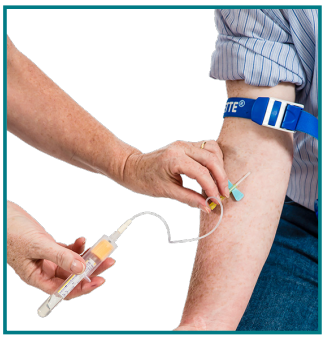
End of life care plan (please tick **Yes** or **No**)

☐ **Yes,** I have an end of life plan

☐ **No,** I do not have an end of life plan

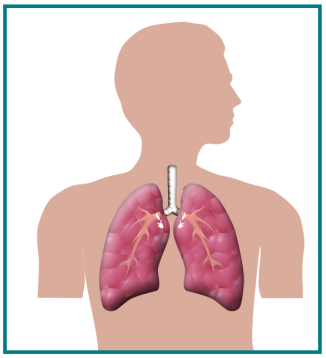
Things you must know about me

Behaviours that may cause risk



Triggers for behaviour

Heart condition



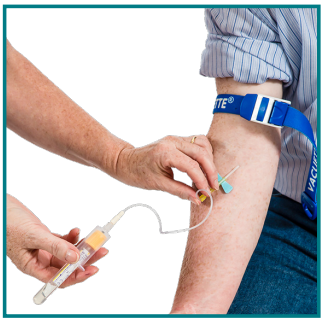
Breathing difficulties

Eating and drinking difficulties (risk of choking, dysphagia)

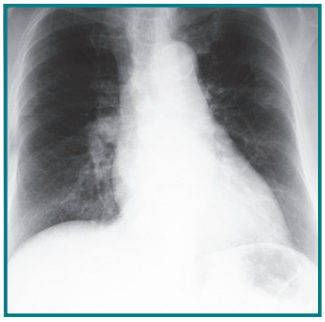
Things you must know about me

Things I am allergic to (allergies)

Things I am scared of (fears and phobias)



How to make treatment easier
(for example blood tests, injections, giving medication)



Things that are important to me

How I'd like you to communicate with me
(For example use eye contact , easy words, speak slowly)

How I let you know I'm in pain

Understanding
(Please use pictures, communication passport)

Seeing and hearing

Things that are important to me

My support (who needs to stay with me, when and how they support me) .....

.....

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My mobility (position in bed, chair, walking aids) .....

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Food and drink support
(size, consistency and assistance)

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How I take my medication .....

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Things that are important to me

Toilet (continence aids, support) .....

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Personal care (washing, dressing, looking good)

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Sleeping (pattern and routine) .....

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Keeping me safe and comfortable .....

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.....

.....

Planning for when I go home (please make sure that the following people are involved)

Name	Phone
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Things I like

What I like (please do this)

what makes me happy, what I enjoy doing, how I like people to talk to me, food I like, routines, important possessions

Things I don't like

What I don't like (please don't do this)

what makes me sad or upset, what I don't like doing, food I don't like, how I don't want people to talk to me, bad touch, worries

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