

My photo

This is my Hospital Passport

For patients with genetic disorders
attending 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.

This passport needs to stay with me by my bed.

**This passport belongs to me.
Please return it when I go home.**

Please read my passport to understand who I am and my medical needs

RED

Things you **must know** about me

AMBER

Information the hospital **needs to know** about me/are important to me

GREEN

Information the hospital should know about me/my **likes** and **dislikes**

THINGS YOU MUST KNOW ABOUT ME



Name:

I like to be known as:



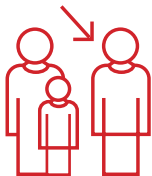
Date of Birth:



Address:



Tel No:



Contact person:

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

Address:



Tel No:

Date

Completed by

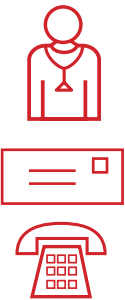
THINGS YOU MUST KNOW ABOUT ME



How to communicate with me (e.g. specific languages, Makaton):



My support needs and who gives me the most support:



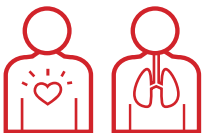
GP:

Address:

Tel No:



Allergies:



Heart/Breathing problems:



Risk of choking, dysphagia (eating, drinking & swallowing):



Religion:

Religious needs:

Ethnicity:

Spiritual needs:

Date

Completed by

THINGS YOU MUST KNOW ABOUT ME

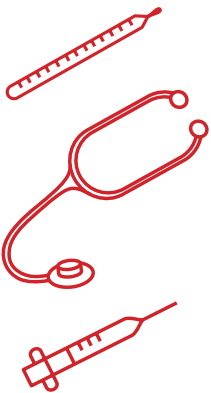
Current medication:



How I take medication: (e.g. crushed tablets, injections, syrup)



Medical Interventions: (e.g. how to take my blood, give injections, BP etc)



Date

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THINGS YOU MUST KNOW ABOUT ME

My medical history and treatment plan:



My normal habits and other things about me:



Specific medical staff who know about me: (e.g. consultant geneticist and their contact details)



Date

Completed by

Information the hospital needs to know about me/are important to me

How you know I am in pain:



Moving around: (e.g. posture in bed, walking aids, transfers, hoisting)



Personal care: (e.g. dressing, washing, etc.)



Seeing/Hearing: (e.g. problems with sight or hearing)



How I eat: (e.g. food cut up, help with eating, consistency of food)



Date

Completed by

Information the hospital needs to know about me/are important to me

How I drink: (e.g. drink small amounts, thickened fluids)



How I keep safe: (e.g. bed rails, support with challenging behaviour)



How I use the toilet: (e.g. continence aids, help to get to the toilet)



Sleeping: (e.g. sleep pattern/routine)



Treatments and procedures that make me anxious:



Date

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MY LIKES

For example - makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Please do this:

MY DISLIKES

For example - don't shout, food I don't like, physical touch

Please don't do this:

Date

Completed by

Additional information about me (use this section to write in anything not covered in this document):

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