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

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: ____________________________
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:
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)
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)
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:
<table>
<thead>
<tr>
<th>Information the hospital should know about me/my likes and dislikes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MY LIKES</strong></td>
</tr>
<tr>
<td><strong>For example</strong> - makes me happy, things I like to do i.e. watching TV, reading, music, routines.</td>
</tr>
<tr>
<td>Please do this:</td>
</tr>
<tr>
<td><strong>MY DISLIKES</strong></td>
</tr>
<tr>
<td><strong>For example</strong> - don’t shout, food I don’t like, physical touch</td>
</tr>
<tr>
<td>Please don’t do this:</td>
</tr>
</tbody>
</table>
Additional information about me (use this section to write in anything not covered in this document):