

Hospital Passport

For adults with learning disabilities

This passport gives hospital staff important information about me. If I am going to see a doctor, dentist or podiatrist this book needs to go with me.

My Photo

My name is:



Things you must know about me



Things which are important to me



My likes and dislikes

Notes for hospital staff

- ✓ Inform hospital learning disability liaison team of the patient's arrival and record date in notes.
- ✓ **Look at this passport before starting any investigations, care or**



Things you must know about me

My name is:

my name



I like to be known as:

My Details

date of birth



address and telephone



My Religion:

religion



My religion is:

My religious needs are:

My ethnicity is:

My Communication:



How I communicate with others, for example: speech, Makaton, a communication book

The best way to communicate with me is:

Useful tips to communicate with me are.....

The type of home I live in

my home



for example: a supported living home, family home, living alone or a residential / nursing home

Hours of support I get each week, and who provides this support for me:

My support needs are:

My carers speak (language):

Who I live with and their relationship to me:

My sight and hearing

My next of kin is:

next of kin



Name:

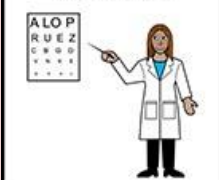
Address:

Telephone Number:

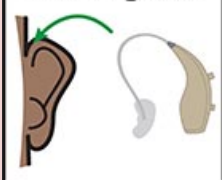
Relationship to me:

Other contacts who I am happy for you to contact to find out more information about me are:

optician



hearing aid



I wear glasses Yes / NO

I wear hearing aids YES / NO

Other details about my sight and hearing:

I am allergic to:

allergies



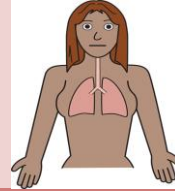
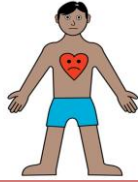
What happens when I have an allergic reaction, and what people need to do to help me is...

How to take my blood, give me injections and take my blood pressure etc:



Include what has helped me before....

My heart and breathing



What is my normal blood pressure? Do I have any breathing problems or regular chest infections?

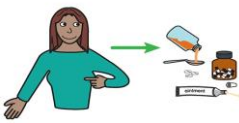
Eating, drinking and swallowing (Do I have a risk of choking or dysphagia, do I need my food pureed or cut small etc?)

choke



Please attach any eating or drinking support plans

my medication



All current medications, including PRNs

Medication Name	Dose	Time taken	Form (liquid, tablet etc)

How I take my current medications (with a drink, yogurt, on a spoon etc)

My medical history and treatment plan:



Attach any care plans related to specific health needs

Medical history:

Known medical conditions (epilepsy, diabetes and so on) and any ongoing treatments



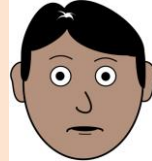
Things which are important to me

How I show that I am in pain and how you can support me:

pain



Things that make me anxious, scared or worried:



The best way to support me when I feel anxious, scared or worried is:

My behaviour

aggressive



frustrated



Behaviours that I have that may be challenging:

I have got a positive behaviour support plan Yes / No

(If yes, please give details or attach)



Reasonable adjustments that may need to be made, or that have been made in the past when I have gone to hospital are:

What I am like when I am well:



(appearance, behaviour, speech, mood, thoughts, perception, cognition, insight and judgement)

My mobility:



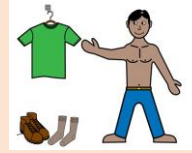
Posture in bed, do I need help with moving around, mobility aids etc

My personal care:

washing



dressing



I require help with the following:

Going to the toilet

toilet



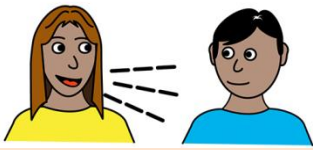
How I use the toilet (continence aids, help to get to the toilet)

My sleep pattern:



How I sleep (sleep pattern, routine, sleep system)

Things I like to talk about:



My interests are:

Things / phrases that I LIKE to hear or that I may say when I am happy:

Things / phrases that I DON'T like to hear or that I may say if I am distressed:

Things I need to keep me safe:



(for example: bed rails, support with challenging behaviour, epilepsy / falls alarm)

If I am found to be unable to make a decision, I would like the following people to be involved (such as specific support workers or family members):

I have got a Lasting Power of Attorney for health and welfare, or an advanced directive

YES / NO

Their details are:

I have got an End of Life plan

YES / NO (if yes please attach it to this Hospital Passport)



My likes and dislikes

Likes: what makes me happy, things I like to do, such as watching TV, reading, music, routines

Dislikes: for example – shouting, food I don't like, being touched

Things I like



Please do this:

Things I don't like



Don't do this:

Notes:

Please write any further information here.

Completed by:

Name:

Signature:

Date:

Hampshire Hospitals Learning Disability Liaison Team

Tel: 01256 319892 or 01256 313096

Email: learning.disability@hhft.nhs.uk

Useful contacts

For support or further information, please contact your local learning disability team. They are available from 9am to 5pm, Monday to Friday.

North Hampshire Community Learning Disability Health Service

Winchester: 01962 764560

Basingstoke: 01256 776151

West Hampshire Community Learning Disability Health Service

02380874333

East Hampshire Community Learning Disability Health Service
Fareham and Gosport: 01329 316350
Havant and East Hants Base: 02392 441417

Southampton City Community Learning Disability Health Team
02380 310300

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