

# This is my Health Passport



For people who need additional support when accessing health services.

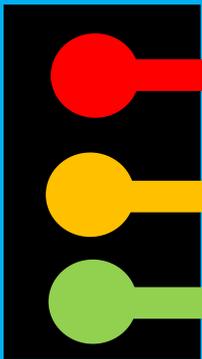
My Name is:

A picture  
of me  
goes 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.

**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:

NHS number:



Address and phone number of where I live:

My next of kin:

Tel:

My care provider:

Tel:

My social worker:

Tel:

My GP:

Tel:

Who you should call first:



# Things you **must** know about me



My allergies:



My medical conditions:



If I take medication, please bring my records.

How I take my medication:



Do I have an end of life plan?

If **yes**, please attach it.



How do I communicate?

What languages do I speak/understand?

I prefer  speaking/ signing/ pictures/ third party/ other

If other please specify



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



What do I need to help me to consent?



The best way to support me with medical tests is:



Do I have any heart or breathing problems?



My religion is:

This means I need to:

## Things you **must** know about me



Do I have any eating risks (**swallowing**)  
e.g. dentures, food cut up, soft diet, choking risk, eating aids, help with eating,



Do I have any drinking risks (**swallowing**)  
e.g. thickened, small amounts, restricted fluid, choking risk.

What do I like to drink?

What do I drink from?

## Things that are **important** to me



What do you need to do to keep me safe? e.g. bed rails, people to support me?



What level of support do I need? e.g. 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? e.g. glasses or hearing aids.



What help do I need getting around?



What help do I need to use the toilet? e.g. independent, catheter, pads, aids.



What support do I need with personal care? e.g washing, dressing, mouth care.



What support do I need with sleep? eg. position, sleep pattern, routine.

### My likes and dislikes.

Likes: e.g. what makes me happy, things I like to do i.e. watching TV, reading, music, routines.  
Dislikes: e.g. don't shout, food I don't like, physical touch, noise, lights, needles.

Things I like  
Please do this



Things I don't like  
Don't do this



Filled in by:

Date:

Please contact your local learning disability team for further information



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

Westminster

020 7641 7411

020 7641 6000