

This is my

Health Passport

For Children and Young Persons who need additional support when accessing health services.



My Name is:

NHS No.:

Put my Picture here

This Health Passport aims to provide healthcare staff with important information while working in partnership with parents/carers to meet a child or young person's needs. Take this to hospital and all health appointments.

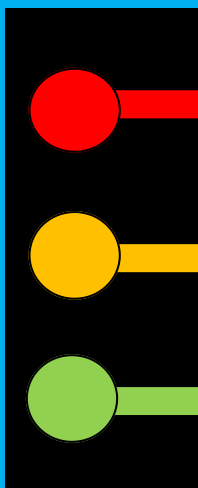
Health Passports are owned by the child or young person. It is the responsibility of parents/carers to update and review with the help of professionals.

Review every 6 months for children up to 5 years

Review every 12 months for children above 5 years

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.



Very important information about me

Important information about my daily living

Preferable information about me

Very Important Information About Me

Please call me:



Date of Birth:



Address of where I live:



Phone number:



My parent:

Tel:

My care provider:

Tel:

My GP:

Tel:

My Social Worker:

Tel:

My school:

Tel:



Who to contact first:

I am allergic to:



My Medical Conditions/SEND:



If I have Epilepsy (brief description of my seizures and **attach seizure care plan**):

Heart or breathing problems:



My medication and how I take it (**please bring my records**):



I prefer (liquid/tablet/patch/injection):

I take it by (mouth/PEG):

Best way to take my blood or give me an injection:



Very Important Information About Me

This is how I communicate (specific language/pictures/gestures/other):



This is how I show pain (verbal abuse/frowning/moaning/grimacing/fidgeting):



What helps or comforts me?

These are my routines:



Do I have a Coordinate My Care 'Urgent Care Plan'?

Yes/No

Do I have a Positive Behaviour Support Plan?

Yes/No

My religion is:



This means I need to:

Important Information About My Daily Living

My eating needs or risks (swallowing/cutting up food/soft diet/eating aids):



How to help me:

Important Information About My Daily Living

My drinking needs or risks (choking/thickened/small amounts/restricted fluid):



I like to drink:

I drink from:

My personal care needs (washing/dressing/mouth care):



How to help me:

Any hearing or sight problems (hearing aids/glasses):



My toilet needs (stoma/continence pads/catheter):



Help I need getting around or change positions using (orthotics/sling/hoist/frame/wheelchair):



My sleeping needs and what keeps me safe (positioning/sleep pattern/bed rails):



Important Information About My Daily Living

Level of support I need e.g. who needs to stay with me and how often?
(Carer/Family/1:1/ 2:1)



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



Triggers:

How best to support me:



My likes and dislikes

Likes: e.g. what makes me happy, special toy, things I enjoy doing i.e. watching TV, reading, music, routines.

Dislikes: e.g. shouting, physical touch, bright lights, needles, food or drink I don't like.



Things I like.

Please do this:



Things I don't like.

Please don't do this:

Please contact your local Team for further information on completing the Health Passport



to



Brent:

Children and Adolescence Mental Health Team	0203 317 5050
Children Community Nurses	0208 965 5733
Children Continuing Care	0203 114 7163

Ealing:

Single Point of Access	0300 1234 244
Services for Children with Additional Needs	020 8825 9700
Children's Specialist Community Nursing Services	075 4814 1804

Harrow:

Children and Adolescence Mental Health Team	020 8869 4500
Children Community Nurses	020 8965 5733
Children Continuing Care	0203 114 7163

Hillingdon:

Children and Adolescence Mental Health Team	018 9525 6521
Children Community Nurses	018 9548 8480
Children Continuing Care	0203 114 7163

Brief Additional Notes:

Completed by:

Date: