

This is my

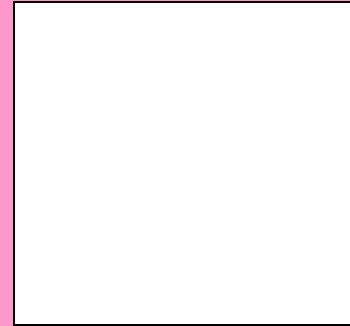
# Health Passport

For people with Learning Disabilities coming into hospital

**My Name Is**

If I have to go to hospital this book needs to go with me, it gives staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



**This passport belongs to me.**

**Please ensure that I take it with me when I am discharged**

Nursing and medical staff please look at my passport before you do any interventions with me, anybody else; please ask permission before you look at my passport.

**The information that is written in red is essential for you to read**

**NOTE: For those completing the Hospital Passport, please underline any essential information in **RED** or highlight**

This is an information document NOT a decision-making tool.

Information within this passport has been gathered from people who know me well with support from Sheffield Mencap.

Please check later in this document for when this information was last updated and confirm any important information.

Date this passport was completed:



**My full name:**

**I like to be known as:**



**Date of Birth:**



**Address:**



**Telephone Number:**



**NHS Number:**



**Ethnicity:**

**Religion and any religious needs:**



**My next of kin / emergency contact:**

**Their relationship to me (e.g. mum, friend, carer):**

**Address:**

**Telephone:**



**My GP / Practice name:**

**Address:**

**Telephone number:**

**Other services and professionals involved:**

**The date of my last annual health check:**



**My support needs & who gives me the most support:**



**How I communicate including which language(s) I use:**

**Consent:** An adult is presumed to have capacity to consent unless proved otherwise. No adult can consent for another. If a person is unable to consent, best interest guidelines apply (Mental Capacity Act 2005). If you are concerned about the person's capacity to give informed consent, or require any further information, please contact adult Social care.



**Sensory information e.g. sight, hearing and touch:**



**Allergies:**



**Medical interventions – how to take my blood, give injections, blood pressure etc:**

**Please note: If a person is assessed as being unable to consent, best interest guidelines apply (Mental Capacity Act 2005). Please ensure that this is followed.**



**Heart or breathing problems:**



**Risk of choking, Dysphagia etc (eating, drinking and swallowing):**

**Current prescribed medication I take and what it's for:**



**NOTE: This is correct at the time of writing which is:**

**This information was collected from:**

**Please check that this is still correct!**

**My diagnosis, medical history and treatment plan:**



# Admitting Me



**On admission, please notify my 'Key Contact' and 'Key Health Contacts' (refer to back pages of this document)**

**How to communicate with me:**



**How I usually take medication (tablets, injections, liquid):**



**How you know I am in pain and where is it:**



**Support for moving around (posture in bed, walking aids, transferring etc):**





**Support needed with pressure care:**



**Support with personal care (washing, dressing etc):**



**Support with sight/hearing:**



**Support with eating (likes/dislikes, cutting up food etc):**



**Support with drinking (quantities, thickened fluids, likes/dislikes etc):**

**How to keep me safe (bed rails, support with challenging behaviour etc):**



**Support with toileting (continence aids, help getting to the toilet etc):**



**Sleeping (Sleep pattern/routine):**



## **Discharging Me**

**Please do not discharge me without speaking to my 'Key Contact' and checking that the relevant 'Health Contacts' have been notified (please see back page)**



**Likes:** For example – What makes me happy? What do I enjoy doing? i.e., watching TV, reading, listening to music, my routines, talking to people etc

**Dislikes:** For example – What makes me sad? What do I dislike? i.e., shouting, being told what to do, food I do not like, physical touch etc

**Things I like (please do these):**



**Things I don't like (don't do these):**



**This section of my passport is detachable. When completed, a new sheet needs to be used every time I am admitted into hospital.**

**Please retain all documents for my records**

**The Matron has been informed of my support needs to ensure my safe admission and transfer to the ward**

**Matrons name:**

**Ward manager's name:**

**Matron sign:**

**Ward manager sign:**

**Admission date:**

**Admission date:**

**My support staff notes**

*My support staff are asked to detail below communications they have with any other health and care professionals during my stay. Each entry should be signed and dated.*

**Please contact my Key Contact for any further information:**

**My Key Contact name:**

**Relationship to me:**

**Their telephone number(s):**

**Address:**

**Notes:**









Please display this page so that all hospital staff and visitors can see it, e.g.,  
on the wall next to my bed



Hello, my name is:



How I say hello:



How I drink/let you know I would like a drink and my  
favourite drink:



How I eat/let you know I am hungry:



How I show I am happy or unhappy: