

This is my Hospital Passport

For people with learning disabilities coming into hospital

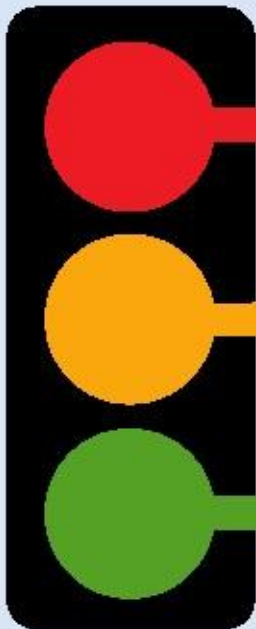
My name is:

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me and Reasonable Adjustments that I may require.
It needs to be kept near my bed and returned to me when I am discharged.



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

Royal Devon & Exeter NHS Foundation Trust – 01392 402237

rde-tr.learningdisability@nhs.net

South Devon Healthcare NHS Foundation Trust - 01803 654994

SDHCT.learningdisability@nhs.net

North Devon Healthcare NHS Trust – 01271 314171

ndht.learningdisability@nhs.net



Name:

Likes to be known as:



NHS number:

Date of Birth:



Address:

Tel No:



How I communicate/What language I speak:



Family contact person, carer or other support:

Relationship e.g. Mum, Dad, Home Manager, Support Worker:

Address:

Tel No:



My support needs and level of support during the day and night:



Who knows me best (1st Contact)

Date completed By

Things you must know about me



Religion:

Religious/Spiritual needs:

Ethnicity:



GP:

Address:

Tel No:

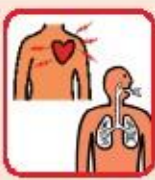
Other services/professionals involved with me:



Allergies:



Medical Interventions – how to take my blood, give injections, BP etc., reasonable adjustments that may be required.



Heart:

Breathing problems:



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

Date completed By

Things that are important to me



How to communicate with me:



How I take medication: (whole tablets, crushed tablets, injections, syrup)



How you know I am in pain:



Moving around: (Posture in bed, walking aids)



Personal care: (Dressing, washing, etc)

Date completed _____

By _____

Things that are important to me



Seeing/Hearing: (Problems with sight or hearing)



How I eat: (Food cut up, pureed, risk of choking, help with eating)



How I drink: (Drink small amounts, thickened fluids)



How I keep safe: (Bed rails, support with behavioural distress)



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



Sleeping: (Sleep pattern/routine)

Date completed _____

By _____

My likes and dislikes

Likes: for example - what makes me happy, things I like to do
i.e. watching TV, reading, music, routines.

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like

Please do this:

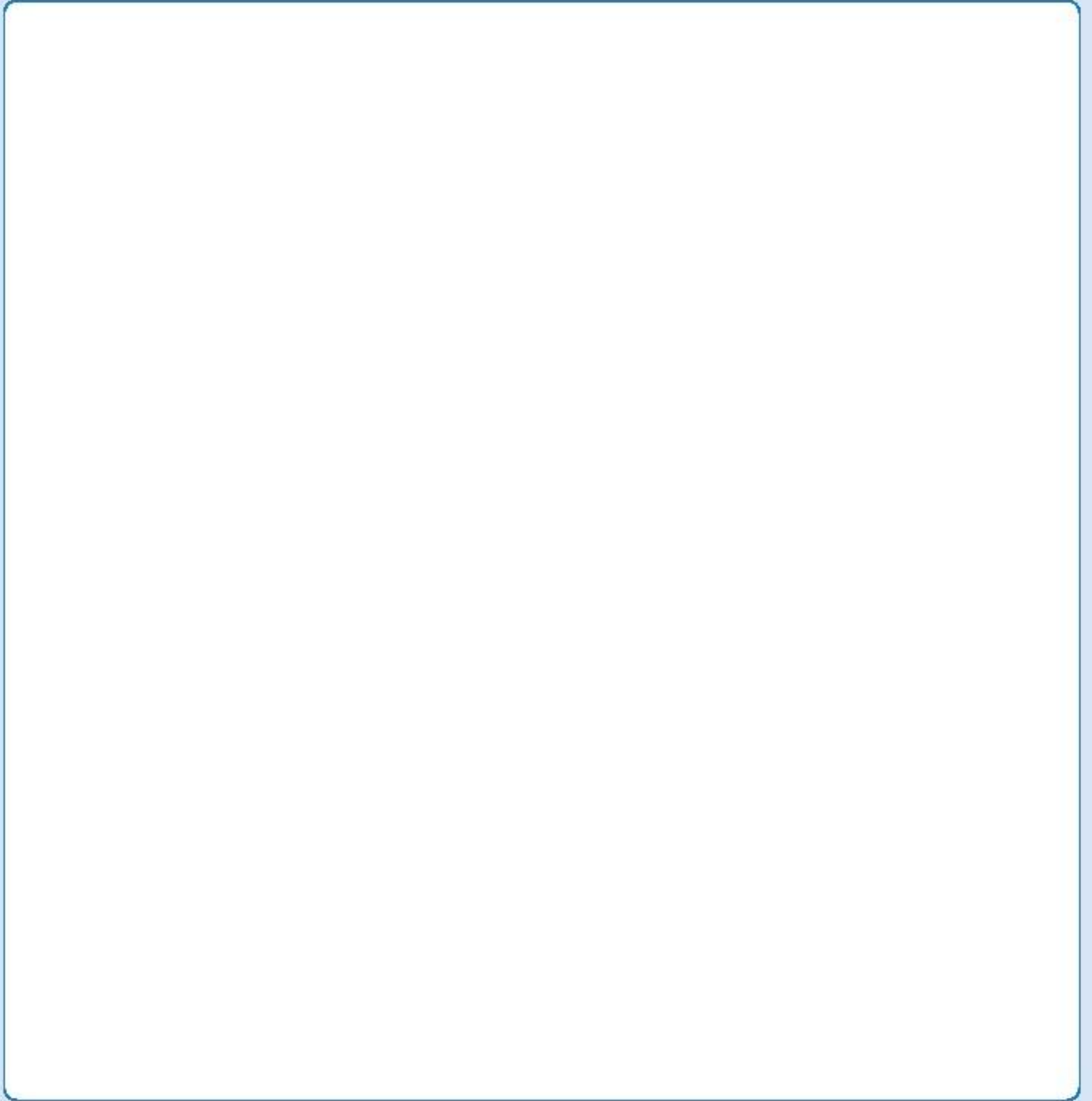


Things I don't like

Don't do this:



Useful Contacts



Please contact your learning disability liaison nurses
if you have any questions about the passport

This Hospital Passport was developed by the South West London Access to Acute Group and based on original work by Gloucester Partnership NHS Trust.

Thank you to The Baked Bean Theatre Company, members of our community, Wandsworth Community Learning Disability Team, members of the St Georges Access to Acute working party, Merton CTPLD Community Nurses and the Corporate Design department at Wandsworth Council who all inputted into the redesign of this document.