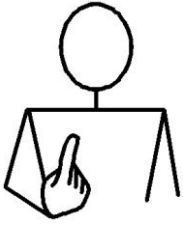


Me



My Health Passport

Please make sure that this stays with me.
You can keep a copy for my file.

My photograph
goes here.

My name is:

I like to be called:

My date of birth:

My NHS no:

This is me



Me

Things I like

Things I don't like

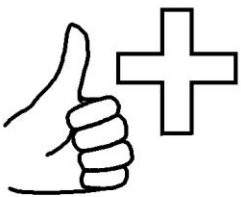
Contact details for the person who knows me best.

How to support me with **Communication**:



Behaviours which might challenge, including triggers and how best to support me.

**Health and
Sensory
Needs**



Sight – any difficulties or aids

Hearing – any difficulties or aids

Known allergies

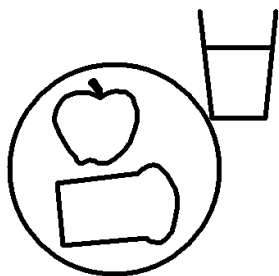
Epilepsy – a description of my seizures

Medical interventions (e.g. how best to take my blood, give me injections)

Medication – how I like to take it

I prefer Liquid / Tablet

Eating and Drinking



Likes and Dislikes

Positioning, Equipment, Assistance, Consistency / Cutting up, Environment, Usual routine

Swallow risks

Washing, Dressing, Hair, Teeth, Toilet



Likes and Dislikes

Help needed and usual routine

Sleeping



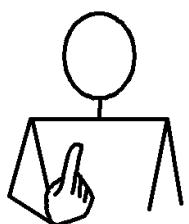
Assistance required and usual routine

Mobility



Moving around, postural care, equipment

Me



Recognising when I am in pain:

Anxious or worried:

Upset:

Guidance notes to help you complete 'My Health Passport'

- This Health Passport is intended to provide professionals with information about the person with a learning disability as an individual. This will enhance care and support given while the person is in an unfamiliar environment. It is not a medical document.
- This document will require updating as necessary.

This is me: A description of what I am usually like on a daily basis.

Communication: Words / symbols / photographs / communication aids. Do I use gestures, pointing or other communication indicators? Can I read and write? How do I indicate hunger or thirst? Include anything that may help people identify my needs. How do I express my choices?

Speak slowly, clearly, no jargon, use pictures, objects, explain things clearly. Check my understanding of things.

Any history of behaviours which might challenge: Any self harming, physical or verbal aggression, how do you manage these behaviours? How to keep me safe?

Health and Sensory needs: Do I need any aids – glasses, hearing aid? How is it best to approach me? Am I hyper or hypo-sensitive? Epilepsy: please include a seizure description record.

Medical Interventions: Are there any things that people could do to help support me with having medical interventions for example: distraction, safe holding?

Medication: Do I have a usual routine about the way I like my medication, with a particular drink or food, put directly into my hand?

Eating and Drinking: Do you need to ensure I have adjusted my position properly to eat? Do I need assistance to eat or drink? Do I need help to choose food? Can I use cutlery or do I prefer finger foods? Do I need adapted aids such as cutlery or crockery to eat or drink? Does food need to be cut up, mashed or pureed? Do I have any difficulties swallowing? What texture of food is required to help – soft, pureed, vegetarian, religious, cultural needs? Please include any information about my usual appetite.

Personal care: (such as washing, hair care, bathing, brushing teeth, dressing) what are my normal routines? Do I have any preferences? What is the usual level of assistance required? Do I need reminding to go to the toilet? Do I need to be taken to the toilet? Do I need any assistance to maintain my personal hygiene?

Sleep: Usual sleep patterns and bedtime routines. Do I like a light left on? Do I need help to access the toilet at night? Position in bed, any special mattress, pillow? Do I need a regular change of position.

Mobility: Am I fully mobile or do I need help? Is there anything I need to support my posture? Do I need a walking aid? Is my mobility affected by surfaces? Can I use stairs? Can I stand unaided from a sitting position? Do I need a special chair or cushion? Do my feet need raising to make me more comfortable? Am I able to adjust my position in bed / chair?