

This is my Hospital Passport

For people with learning disabilities coming to West Suffolk Hospital

My name is:

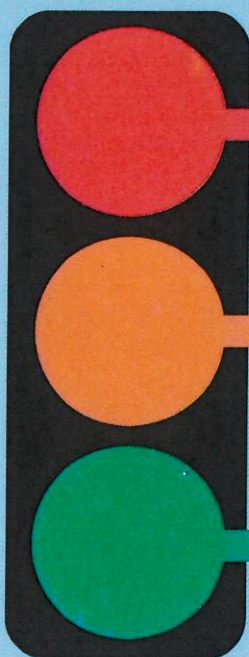
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

This passport needs to stay with me by my bed.



This passport belongs to me. Please return it when I go home.

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

NHS
West Suffolk
NHS Foundation Trust

Things you must know about me



Name:

Likes to be known as:



Date of Birth:



Address:

Tel No:



How to communicate with me:



Contact person:

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

Address:

Tel No:



My support needs and who gives me the most support:

Date by

Things you must know about me



Allergies:



Heart/Breathing problems:



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



GP:

Address:

Tel No:



Religion:

Religious Needs:

Ethnicity:



What to do if I am anxious:

Date completed

by

Things you must know about me



Current medication:



My medical history and treatment plan:



Medical Interventions: (how to take my blood, give injections, BP etc)



How I take medication: (Crushed tablets, injections, syrup)

Date completed _____ by _____

Things that are important to me



How you know I am in pain:



Moving around: (Posture in bed, walking aids, transfers, hoisting)



Personal care: (Dressing, washing, etc)



Seeing/Hearing: (Problems with sight or hearing)



How I eat: (Food cut up, help with eating, consistency of food)

Date completed _____ by _____

Things that are important to me



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



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



How I keep safe: (Bed rails, support with challenging behaviour)



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



Sleeping: (Sleep pattern/routine)

Date completed _____ by _____

My likes and dislikes

Likes: for example - what makes me happy, things I like to do: Watch TV, walk around, drawing, spending time in the bath and playing with water, swimming

Dislikes: being made to rush, busy or loud environments, new people.

Things I like



Things I don't like



Date completed _____

by _____

