

# This is my Hospital Passport

For people with learning disabilities coming into hospital

My name is:

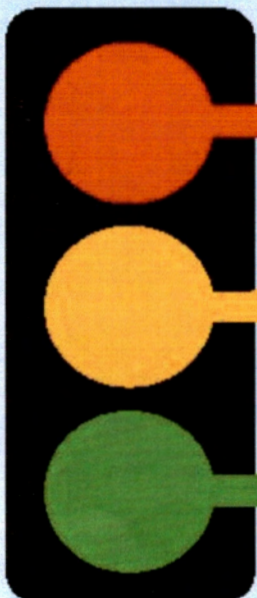
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

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 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



# Things you must know about me



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



My support needs and who gives me the most support:



My carer speaks:

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.



Heart

Breathing problems:



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

Date completed

by



# Things you must know about me



Current medication:



My medical history and treatment plan:



What to do if I am anxious:

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 challenging behaviour)



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



Sleeping: (Sleep pattern/routine)

# 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:





# Notes



# Notes



## Contacts and useful websites

### Specialist Nurse Learning Disability

Julie Clift

### Community Learning Disability Teams (CLDT)

East Lancashire Community Learning Disability Team  
01254 648238

Blackburn with Darwen  
01254 283300

[www.easyhealth.org.uk](http://www.easyhealth.org.uk)

[www.intellectualdisability.info](http://www.intellectualdisability.info)

[www.mencap.org.uk/gettingitright](http://www.mencap.org.uk/gettingitright)

Please contact the specialist nurse or your local community learning disability team if you have any questions about the passport