

This is my **Hospital Passport**

For people with learning disabilities coming into hospital

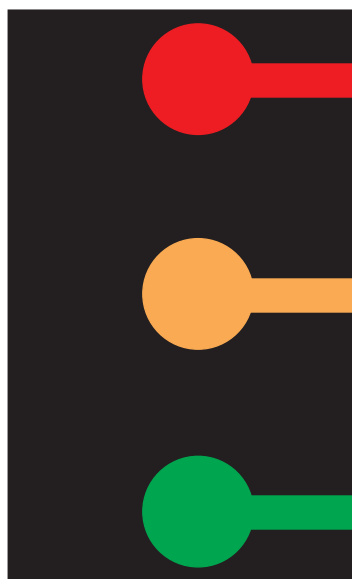
My name is:

If I have to go into hospital, this book needs to go with me, it gives hospital staff important information about me and needs to be on the end of my bed.



This Passport belongs to me. Please return it to me when I am discharged

Nursing and Medical staff, please look at my passport before you do any interventions with me



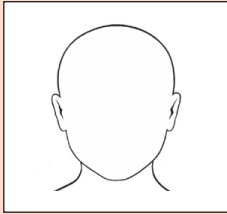
Things you **must know** about me

Things that are important to me to help you support and care for me

My **likes** and **dislikes**

This Hospital Passport is based on work by Gloucester Partnership Trust and funded for production by: Northamptonshire Learning Disability Partnership Board

Things you must know about me



Name:

I like to be known as:

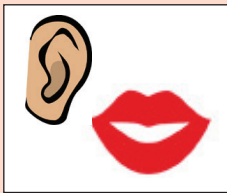


Date of birth:



Address:

Telephone number:



How I communicate / What language I speak:



Family contact person, carer or other support:

Relationship e.g. mum, dad, home manager, support worker:

Address:

Telephone number:

My support needs and who gives me the most support



Date completed:

By:

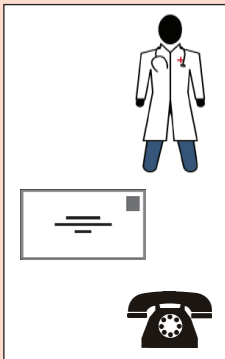
Things you must know about me



Religion:

Ethnicity:

Religious / spiritual needs:



GP:

Address:

Telephone number:

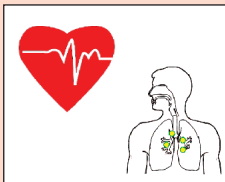
Other services / professionals involved with me:



Allergies:

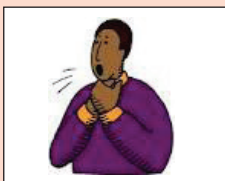


Medical interventions - how to take my blood, give injections, blood pressure etc.



Heart:

Breathing problems:



Risk of choking, dysphagia (eating, drinking and swallowing)

Date completed:

By:

Things you must know about me



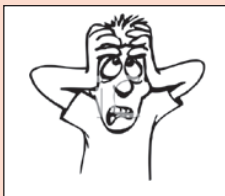
My medical history and treatment plan:

Blank space for writing medical history and treatment plan.



How you will know when I am in pain:

Blank space for describing how to recognize pain.



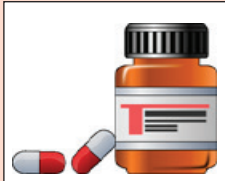
What to do if I am anxious:

Blank space for describing actions to take when anxious.

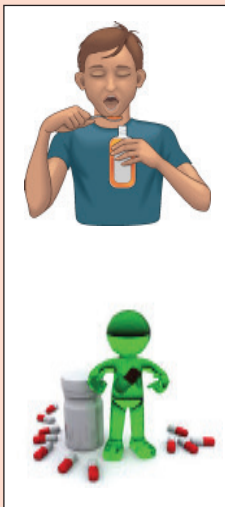
Date completed:

By:

Things you must know about me



Current medication:



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

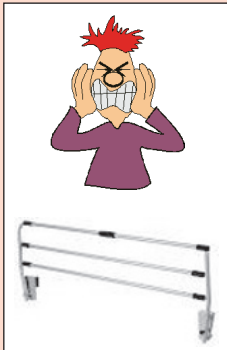
Date completed:

By:

Things you must know about me



How to communicate with me:



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



How I eat:



How I drink:

Date completed:

By:

Things that are important to me



Seeing / hearing (problems with sight or hearing):



Personal care (dressing, washing etc.):



How I use the toilet:



Sleeping (sleep pattern/routine):

Date completed:

By:

Things that are important to me



Moving around (posture in bed, walking aids, hoist):

Additional information:

Date completed:

By:



How I give my permission to treatment


- It is important that you talk to me about my health problems. The communication part of this passport tells you the best way to do this
- You should also tell me about the different choices I have to treat my health problems
- I may be able to make up my own mind to some things but not others
- You need to make sure I have understood and know what is going to happen to me
- You could do this by asking me questions and checking I have remembered what you told me
- It is important to check that I have not changed my mind before you give me any treatment or care

I am able to make up my own mind about my treatment

I will need some help in making up my mind



These are the people who will help me make decisions about my care:

Name	Relationship to me (such as, mum, dad, sister, brother, carer)	

If I am unable to make choices or consent to my treatment further information and guidance can be found via the Trust's intranet: [Quick Links](#): [Safeguarding Adults](#): [Downloads](#): [Form for adults who lack capacity to consent to investigation or treatment \(previously Consent Form 4\)](#).

Date completed:

By:

My likes and dislikes

Likes, for example: what makes me happy, things I like to do e.g. 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:



Date completed:

By:

Notes

Local contact details of Hospital and Community Learning Disabilities Health

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Billing Road
Northampton
NN2 8HP

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Community Team for People with a Learning Disability (CTPLD) North

Carey Suite
St Mary's Hospital
Kettering
NN15 7PW

Telephone: (01536) 452300

Community Team for People with a Learning Disability (CTPLD) South

Campbell House
Campbell Square
Northampton
NN1 3EB

Telephone: (01604) 657700

For further information contact:

www.easyhealth.org.uk
www.intellectualdisability
www.mencap.org.uk/gettingitright