HSC Hospital Passport

For people with a learning disability in contact with a general hospital

Your Hospital Passport will help to let hospital staff know all about your abilities and needs.

This will help them give you better care when you are in hospital.

Please ensure that your information is up to date.

To staff:

Please read this regional Hospital Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.

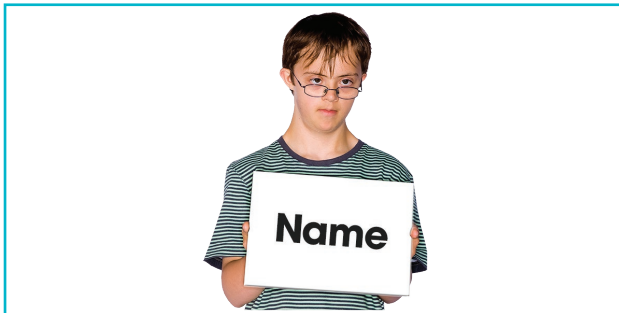Try to make this passport easily available to all staff involved in care.

HSC
Health and Social Care
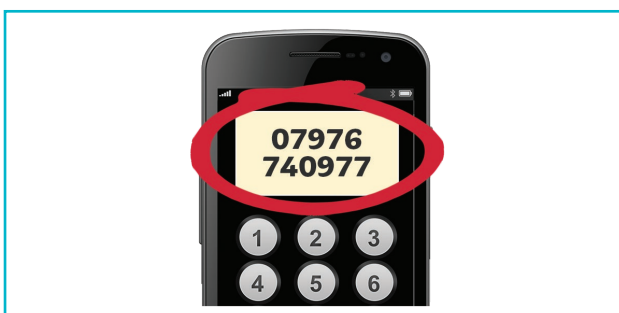
All about me

My name is

_____

I like to be called

_____

My birthday is (date of birth)

_____

I live at

_____

_____

_____

My telephone number is

_____

I live with

_____

_____

My main carer is

Name

_____

Telephone number

_____

Parental responsibility

(for children under 18 years of age)

Name

_____

Telephone number

_____

My keyworker is

Name

_____

Telephone number

_____

Communication

I communicate by

_____

_____

How best to communicate with me

_____

_____

Support I need to make decisions

_____

_____
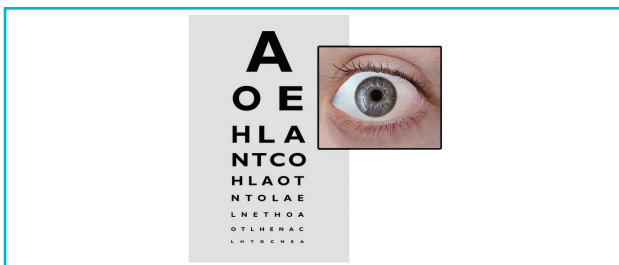
My eyesight

_____

_____

My hearing

_____

_____

What I do if I am afraid or worried

_____

_____

How you can support me if I am afraid or worried

_____

_____

Things I do if I am sore or in pain

_____

_____

Medical history

Things I am allergic to

_____

_____

Other conditions I have (for example, epilepsy, diabetes, mental illness, high blood pressure**)**

_____

_____

Medication

I am on medication   Yes ❑

No ❑

(please bring all your
medication to hospital with you)

**How I prefer to take my medication
(in food, with a drink, as a liquid)**

_____

Looking after me

**How best to gain my help when
examining or caring for me**

_____

_____

Support I may need with moving
(in bed, sitting, walking)

_____

Support I may need with eating

_____

_____

Help I need with drinking

_____

_____

How to reduce my risk of choking
(if this applies to me)

_____

_____

Support I may need with my oral or dental care

_____

_____

You can help me with my personal care by

_____

_____

Support I may need with using the toilet

_____

_____

Things that help me have a good sleep

_____

_____

Keeping me safe and happy
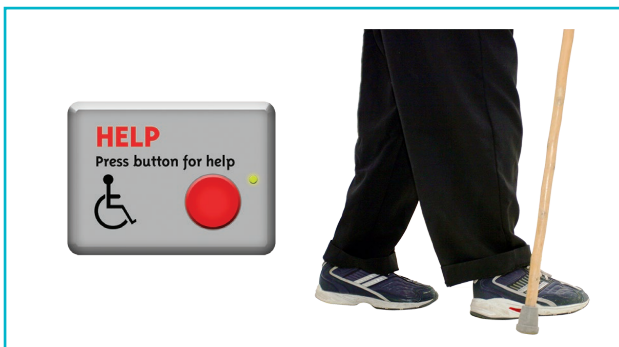
Things that I do or use to keep safe

_____

_____
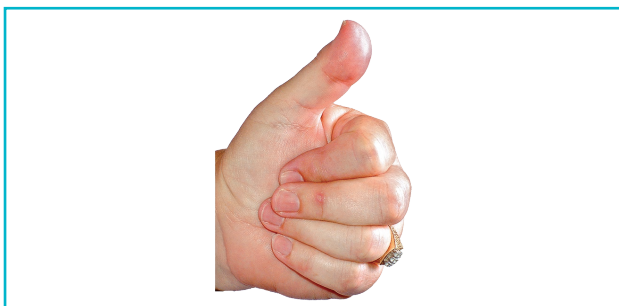
Things I like (what makes me happy, things I like to do, see or talk about)

_____

_____

Things I do not like (what upsets me, things I do not like to do, see or talk about)

_____

_____

If my behaviour becomes difficult for you, please support me by

_____

_____

Completed by: _____

Relationship to client: _____

Date: _____

03/17