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.
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
Medical history

How you can support me if I am afraid or worried

Things I do if I am sore or in pain

Things I am allergic to

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

**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: ____________________

If you need another copy of this passport, please ask the person who gave you this one or go to pha.site/HospitalPassport