

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.



**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



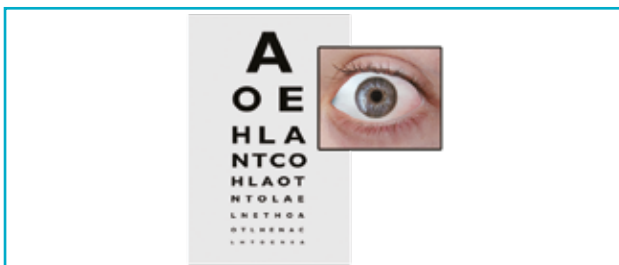
I communicate by



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)



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



Public Health Agency
12-22 Linenhall Street, Belfast BT2 8BS.
Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net



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

Completed by: _____

Relationship to client: _____

Date: _____