











# Hospital Passport

To be completed by individual (with help if needed) before coming into hospital

<b>My name is:</b> <b>I would like you to call me:</b>	<b>My date of birth:</b>  	
<b>My address:</b> 	<b>My NHS number:</b> 	
<b>My religion:</b> 	<b>My telephone number:</b> 	
<b>My preferred language:</b> 		
<b>My closest family/representative:</b> <b>Their relationship to me:</b> <b>Their address:</b> <b>Their telephone number:</b> 		
<b>My GP:</b> <b>My GP telephone number:</b>		
<b>Professionals involved in my care:</b>		
<i>Name</i>	<i>Role</i>	

Service provided by

*Sirona* care & health

Name:  
Address:

DOB:

NHS NO:  
Date:

## Essential Information

Very important information you must know about me

**My health problems:**



**My allergies/Sensitivities:** (and source of information)



**My current medication:** (see my current pharmacy medication sheet)



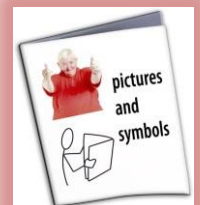
**How I take my medication:**

**Do I need Dossett Box &/or Easy Read Instructions on discharge?**

Dossett Box  Easy Read Info  (Please Tick if necessary)

**How I communicate with you:**

**How you should communicate with me:**



**What help do I need to make decisions?** (Mental Capacity Act 2005)



**If I am unable to understand or consent, this is who you need to contact, to discuss the decision in my best interest:** (family, friend or IMCA)

Please Tick if this person is your :

LPA :

Court of Protection Deputy for Health and Welfare:

Name:  
Address:

DOB:

NHS NO:  
Date:

**What I'm like in hospital:** (what was my experience on previous admission?)



**What makes it easier for me:** (TV, low lights, less people, no sudden noises etc.)

**Routines that are important to me:**



**How to make medical tests easier for me:**



**This is how I show I am in pain:**



**Emergency protocols that are in place:** (DNACPR, Epilepsy, Eating & drinking etc.)



**Behaviours that may cause risks to myself or others:**



**Triggers that may lead to behaviours that challenge:**



**Do I have a behaviour plan** Yes  No  ( If yes, please bring plan into hospital)

Name:  
Address:

DOB:

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## Important Information

Important information about my general daily living

How I wash and clean myself:



How I get dressed and undressed:



How I go to the toilet:



How I eat and drink:



Do I need help with my menu in hospital? Yes  No

How I move around:

Equipment I use:



How I sleep:



Have I got any problems with:

My Sight :



My Teeth :



My Hearing:



My Skin:



Name:  
Address:

DOB:

NHS NO:  
Date:

## Important Information

To improve my hospital stay

### My carers needs:

Do I have paid carers or family carers who can offer extra support? Write details (inc level of support that can be provided):



Do they need: Carers Bed?

Carers Pass?

Any additional needs of carers that hospital need to be aware of? (Inc. health needs):

For attention of Unpaid Carer - Please Contact Carers Liaison Service for additional support for yourself if necessary

### Ways I want to be supported :

1. With respect
2. With dignity
3. With compassion
4. Listened to
5. Given time to communicate
6. Made to feel safe

I would like to be treated in the same way as you would like your family member to be treated!



Other:

What upsets me: (Things I don't like or can scare me)



### Things that will make my stay in hospital better:

(e.g. things I can do so I don't get bored, things I like to talk about, favourite music and TV, books, arts and crafts)



Date this passport should be reviewed:  
(Minimum of annually or sooner if needs change)

Person who will review this passport:

Please can all staff read my hospital passport when I am in hospital to get to know me and how I like to be supported.

My hospital passport will outline any reasonable adjustments that are needed for hospital admissions or appointments. Please support me to ensure these are in place.