

Hospital Passport

To be completed by individual (with help if needed) before coming into hospital
Call Southmead Hospital Learning Disability Liaison Nurses: 0117 414 1239

Name:

I would like you to call me:



Date of Birth:



My address:



My NHS Number:



My telephone number:



My religion:



Preferred language:



My closest family/representative:

Relationship to me:

Address:

Telephone number:



My GP:

My GP telephone number:



Professionals involved in my care:



Essential Information

Very important information you must know about me

My health problems:



Allergies/Sensitives: (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:



How I need you to communicate with me:

How I consent: (mental capacity act 2005)



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

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:



Important Information

To improve my hospital stay

My carers needs:

(If I am in Hospital the people who might be able to support me and what help they will need to do this)



How I like to be treated:



What upsets 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.