Photo of person

My Learning Disability Health Passport

Sirona care & health

NHS University Hospitals Bristol and Weston NHS Foundation Trust

NHS North Bristol NHS Trust

Please read this document to get to know me, it contains important information.

Name:			
I like to be known as:			
Date of birth:		**NHS No:**	

Allergies:	

Address:	
Phone number:	
Email Address:	

GP Practice:	
GP name:	
GP phone number:	

Mental Capacity Act

If a person is assessed as lacking the ability to make a decision and needing an advocate, please follow local Mental Capacity Act Policies and Mental Capacity Act Code of Practice.

Important people to me - This could be family members, carers or members of the care team and **whom can support with a best interest decision**

Name #1:		**Relationship:**	
Phone Number:			
Please Tick if this person is your:	LPA: ☐ **OR** Deputy for Health and Welfare: ☐ **AND/OR** Next of Kin: ☐		
Name #2:		**Relationship:**	
Phone Number:			
Please Tick if this person is your:	LPA: ☐ **OR** Deputy for Health and Welfare: ☐ **AND/OR** Next of Kin: ☐		

RESPECT - *please tick*

I **have** a RESPECT form ☐ I **do not have** a RESPECT form ☐

If I do not have a RESPECT form or Advanced Decision, please discuss this with me and check Black Pear.

How to help me if I am anxious / becoming upset	How do you know if I am in pain / distress

Medical history *information about my health / diagnosis*	How do you know if I am unwell?

Baseline observations *When I am healthy and at home*			
Blood pressure:		Pulse:	
Temperature:		Breathing rate:	

How I take my medication			
Oral ☐	Crushed tablets ☐	Injection ☐	Syrup/Liquid ☐
Dosette Box ☐	Covert ☐	PEG ☐	No drink ☐
Other:			

How I have medical Interventions *how to take my blood, give injections, blood pressure etc.*

Support at home			
Living alone ☐	Living with family/friends ☐	Supported living ☐	Residential home ☐
Extra care housing ☐	LD nursing home ☐	General nursing home ☐	
Other:			

How I communicate	
Speaking ☐ Signing ☐ Pictures ☐ Using objects ☐ Easy read ☐	Other: *opportunity to write individual communication needs*

Keeping safe *e.g. bed rails, behaviour, managing equipment*	
Daily Living Skills *e.g. washing, dressing etc.*	
Help with moving around *e.g. walking aids, hoist transfer, equipment*	
Support I need with eating *e.g. eating and drinking guidance, ask for separate guidelines*	
Support I need with drinking *e.g. ordinary cup or special equipment, small amounts, help required, thickened fluids*	
Going to the toilet *e.g. prompting, continence aids – pad size, bowel routine, constipation*	
Sensory needs *e.g. sensory assessment, challenges with specific stimuli*	
Sight and hearing problems *e.g. glasses, hearing aid*	
Oral Care & Dental Hygiene	
Sleeping *e.g. posture in bed, sleep pattern, sleep routine, equipment required*	
Important routines	
Religion, cultural or spiritual needs	
Access to technology *e.g. do they have a phone/tablet/computer?*	

Things that make me happy, safe and comfortable e.g. pets, watching TV, reading, music, books	Things that can cause me to become upset or anxious e.g. loud noises, physical touch, busy places

Food and Drink I like	Food and Drink I don't like

Contact details of learning disability teams:

NBT

Phone: 0117 4141239

Email: learningdisabilities@nbt.nhs.uk

UHBW

Phone: 01173421707

Email: LearningDisabilities@uhbw.nhs.uk

SIRONA Community Learning Disability Team

Phone: 0300 124 5888

Email: sirona.bcldtadviceline@nhs.net

Produced by the Adult learning Disability Health Service following consultation with Bristol, North Somerset and South Gloucestershire community and acute services and in partnership with People First. Based on the original work by the former Gloucestershire Partnership NHS Trust.

Please ask your local Learning Disability team if you would like this passport in a easy to read format.

Name: **DoB:** **Date completed:**