

This is my Hospital Passport

For people with learning disabilities coming into hospital

My name is:

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.

Things you must know about me
Things that are important to me
My likes and dislikes

Things you must know about me

	Name: Likes to be known as: Likes to be known as: Ohler of Birth: Date of Birth: Address: Tel No:
	How I communicate/What language I speak:
	Family contact person, carer or other support:
C Sala	My support needs and who gives me the most support:
\bigcirc	My carer speaks:
	Date completed by 1

Things you must know about me

Religion: Religious/Spiritual needs: Ethnicity:))
GP: Address: Tel No: Other services/professionals involved with me:	
Allergies:	
Medical Interventions – how to take my blood, give injections, BP etc.	
Heart Breathing problems:	
Risk of choking, Dysphagia (eating, drinking and swallowing):	
Date completed by	2

Things you must know about me	
Current medication:	
My medical history and treatment plan:	
What to do if I am anxious:	

Date completed

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	Things that are important to me
	How to communicate with me:
	How I take medication: (whole tablets, crushed tablets, injections, syrup)
E	How you know I am in pain:
	Moving around: (Posture in bed, walking aids)
	Personal care: (Dressing, washing, etc)

Things that are important to me
Seeing/Hearing: (Problems with sight or hearing)
How I eat: (Food cut up, pureed, risk of choking, help with eating)
How I drink: (Drink small amounts, thickened fluids)
How I keep safe: (Bed rails, support with challenging behaviour)
How I use the toilet: (Continence aids, help to get to toilet)
Sleeping: (Sleep pattern/routine)

Date completed

My likes and dislikes

Likes: for example - what makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Dislikes: for example - don't shout, food I don't like, physical touch.

Things I like Please do this:	\odot	Things I don't like Don't do this:	$\mathbf{\tilde{\mathbf{x}}}$
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Contacts and useful websites

Specialist Nurse Learning Disability Julie Clift

Community Learning Disability Teams (CLDT)

East Lancashire Community Learning Disability Team 01254 648238

Blackburn with Darwen 01254 283300

www.easyhealth.org.uk www.intellectualdisability.info www.mencap.org.uk/gettingitright

Please contact the specialist nurse or your local community learning disability team if you have any questions about the passport