

This is my Hospital Passport

For people with a cognitive impairment 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:



NHS number:

Date of Birth:



Address:

Tel No:



How I communicate/What language I speak:



Family contact person, carer or other support:

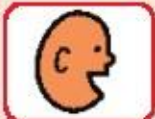
Relationship e.g. Mum, Dad, Home Manager, Support Worker:

Address:

Tel No:



My support needs and who gives me the most support:



My carer speaks:

Date completed by

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):

Things you must know about me



Current medication:



My medical history and treatment plan:



What to do if I am anxious:

Date completed _____

by _____

Things that are important to me



How to communicate with me:



How I take medication: (whole tablets, crushed tablets, injections, syrup)



How you know I am in pain:



Moving around: (Posture in bed, walking aids)



Personal care: (Dressing, washing, etc)

Date completed _____

by _____

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)

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:



Things I don't like

Don't do this:



Notes

A large rectangular area with a light blue border and rounded corners, containing 25 horizontal lines for writing notes.

