

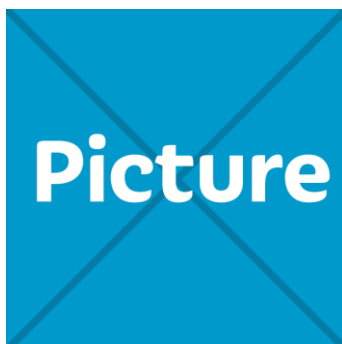


My Hospital Passport

For people with intellectual disabilities & communication problems coming into hospital

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 & 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



Like



Don't Like

My likes and dislikes



You have a duty to provide me with accessible information I can understand. You must decide if I can:

- ✓ Understand the information
- ✓ Retain it long enough to make a decision
- ✓ Weigh it up
- ✓ Communicate my decision to you

If I have that capacity, I have the right to make an unwise decision. You can only ask someone else to make a best-interests decision on my behalf if you have assessed that I cannot do the above.

Things you must know about me



Name:

Like to be known as:

ID #:

Date of birth:

Address:

Phone:



Communicate

How I communicate:

Language I speak:



Family contact/ caregiver:

Phone:

Relationship to me:

They speak (language/sign etc):



My support needs:

The person who supports me most/best is:



Faith:

Religious/spiritual needs:

Ethnicity:



My family doctor:

Phone:

Clinic:

Other professionals involved:



Allergies:



Heart problems:
Breathing problems:



Risk of choking, dysphagia
(eating/drinking/swallowing):



Medical interventions: (how to take my blood, BP
etc)



Current medications:



My medical history, conditions & treatment plan:



What to do if I am anxious:





Things that are important to me



Communicate

How to communicate with me



How I take medication: (whole tablets, crushed, liquid, injection)



How you know I am in pain:



Moving around: (posture in bed, mobility aids)



How I eat/drink: (small amounts, pureed, thickened liquid etc)



Help with personal care:



How I use the toilet: (continence aids, help to get there etc)



How I stay safe (bed rails, alarms, self-harm, behaviours that challenge etc):



Seeing or hearing difficulties:



Sleep routine:





My likes

Please do this:

e.g. routines, things that make me happy/calm



Like

My dislikes

Please don't do this:

e.g. shout, touch me unexpectedly, foods etc



Don't Like



Other notes



Important contacts

e.g. my psychologist, social worker,
community psychiatric nurse

