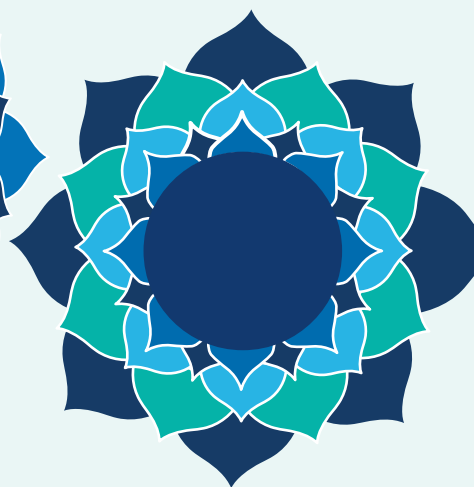
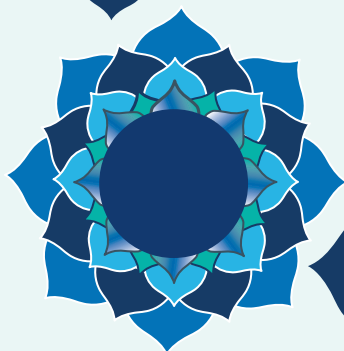
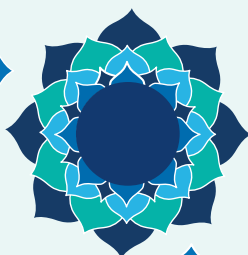
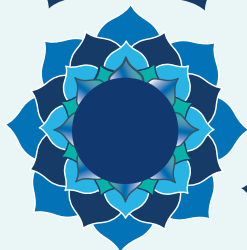
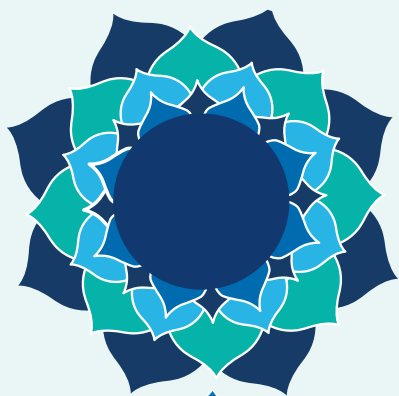


# Passport to my Health and Well-being



# This is your personal health passport

Thank you for downloading the Passport to my Health and Well-being to your device (phone, tablet, laptop). We hope it helps you during your cancer care and treatment. You, your carer and healthcare team can add information by clicking in a box and typing.

## Information for carers:

Your local carer's organisation is: \_\_\_\_\_

Address: \_\_\_\_\_

Contact details: \_\_\_\_\_

Details on entitlement to a carer's assessment can be found at:

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### Disclaimer

Please note, any information you add to the Passport, will be saved on your device only and will not be shared with any healthcare professional or service you may be receiving support and care from.

### Developed by Middlesbrough and Stockton Mind

in partnership with:

Macmillan Cancer Support

Tees, Esk and Wear Valleys NHS Foundation Trust

NHS Foundation Trust,

South Tees Hospitals NHS Foundation Trust,

North Tees and Hartlepool NHS Foundation Trust,

and people with lived experiences of mental health conditions and affected by cancer.

## For you to record information about:



Your health conditions



What will help when you attend your appointments and treatment



Who supports you, e.g. family, friends and healthcare professionals

You can record questions you want to ask your healthcare professional and information you want to pass onto him/her.

You can ask your healthcare professionals to write important information about your treatment, side effects and future appointments in here.

You can choose to fill in as much or as little of the booklet as you want to and you can choose who to share the information with.

**My name is:** \_\_\_\_\_

I have / had special needs: *(please tick all that apply)*

Mental Health conditions

☐

Physical Health conditions

Learning Difficulties

Cognitive impairment/Dementia

☐

## My health information, I might want to include in this passport

My Health

Important Contacts

When my health is good

My Appointment and Treatments

## My Health

I live with these health problems:

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I take these medicines/tablets (if known):

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# Important Contacts

## Family / Friends that support me

I am mainly supported by:

Who is my:

I am also supported by:

Name:

Relationship:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I have nobody supporting me: *Tick here* ☐

I also have caring responsibilities for:

Spouse / Partner ☐

Parent ☐

Child / Children ☐

Other:

**If you would like information on support for carers,  
information can be found at the front of this booklet.**

# Healthcare professionals who look after me

(e.g. Your Doctor, Mental Health Worker, Cancer Nurse Specialist, Hospital Consultant)

Name:

Job Title:

Contact details:

This person  
helps me with:

Name:

Job Title:

Contact details:

This person  
helps me with:

Name:

Job Title:

Contact details:

This person  
helps me with:

Name:

Job Title:

Contact details:

This person  
helps me with:

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Contact details:

This person  
helps me with:

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Job Title:

Contact details:

This person  
helps me with:



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Job Title:

Contact details:

This person  
helps me with:

Name:

Job Title:

Contact details:

This person  
helps me with:

Name:

Job Title:

Contact details:

This person  
helps me with:

# Additional Contacts and Useful Information

Emergency contact numbers in the event of a Mental Health Crisis:

My Mental Health Team:

Liaison Psychiatry:

Crisis Service:

Safeguarding Team:

**Or ring 111 for more information or 999 for immediate assistance**

Other Useful Organisations	Contact Details
Macmillan Helpline	<a href="https://www.macmillan.org.uk">https://www.macmillan.org.uk</a> 0808 808 00 00
Cancer Research UK Helpline	<a href="https://www.cancerresearchuk.org">https://www.cancerresearchuk.org</a> 0808 800 4040
Samaritans	<a href="https://www.samaritans.org/how-we-can-help/contact-samaritan/">https://www.samaritans.org/how-we-can-help/contact-samaritan/</a> 116 123
FREE 24 hour Mental Health Crisis Text Service	Text SHOUT to: 85258
Space to record other organisations that may be useful for you	

# When my health is good, I can:

(Tick any that apply and write in the spaces anything else that applies to you.)

**Take my  
medication**

☐

**Attend  
appointments**

**Go  
Shopping**

**Go to  
work**

**Care for my  
family**

**Take care of  
myself and my  
appearance**

☐☐

**Prepare  
meals**

**Care for  
my home**

**Look after  
my pets**

**Talk to  
people**

**Take part in  
my hobbies**

# My Appointments

What helps me with my appointments when I go to hospital.

I may manage better if: Here are some examples for you. Tick any that apply and write in the spaces anything that you need specific help with.

<input type="checkbox"/>	<input type="checkbox"/> I have a quiet / side room to wait in <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I get a morning appointment <input type="checkbox"/>
<input type="checkbox"/> People do not use jargon	<input type="checkbox"/> Information is written in this booklet for me	<input type="checkbox"/> I can bring someone with me	<input type="checkbox"/> Not too many people in the room with me
<input type="checkbox"/> I get an afternoon appointment <input type="checkbox"/>	<input type="checkbox"/> I get a reminder message <input type="checkbox"/>	<input type="checkbox"/> I am seen promptly / on time	<input type="checkbox"/>
<input type="checkbox"/> I am given time to understand information and make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am given easy read information

Other things that I may be worried about:

<input type="text"/>
<input type="text"/>
<input type="text"/>

## My Notes

or any other information

[illegible]

## My Notes

or any other information

This image shows a single sheet of white paper with horizontal blue lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a small, stylized tab or fold-out section outlined in black. The entire sheet is set against a solid black background.

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*



# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*



# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*



# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

# My Appointments & Treatments

Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

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*Please tick box*

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Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

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Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

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Who with:

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Response / information from healthcare professional:

Name:

**Done**

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Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*

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Department

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My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

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Appointment for:

Date:

Time:

Where:

Hospital

Department

Who with:

My question / information for healthcare professional:

Response / information from healthcare professional:

Name:

**Done**

*Please tick box*