



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.

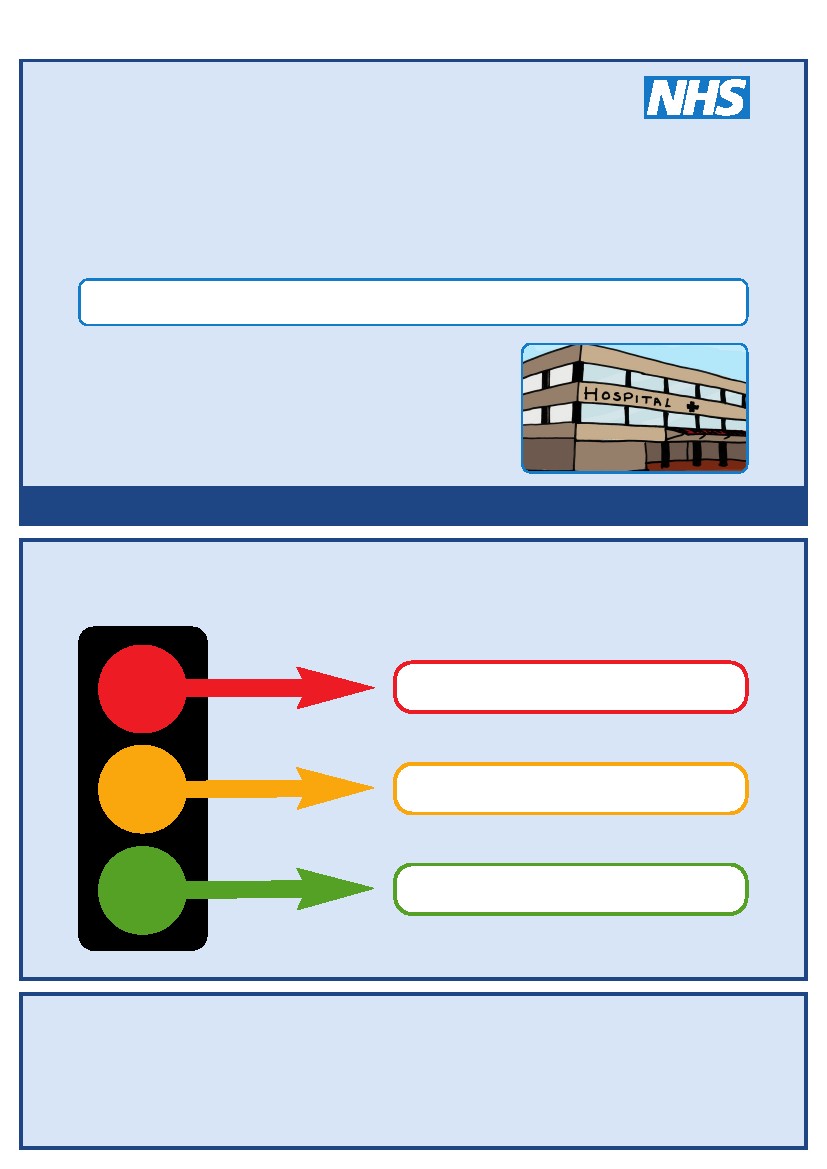
Nursing and medical staff please look at my passport

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

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

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Things you must know about me

Religion:

Religious/Spiritual needs:

Ethnicity:

GP:

Address:

Allergies:

Medical Interventions – how to take my blood, give injections, BP etc.

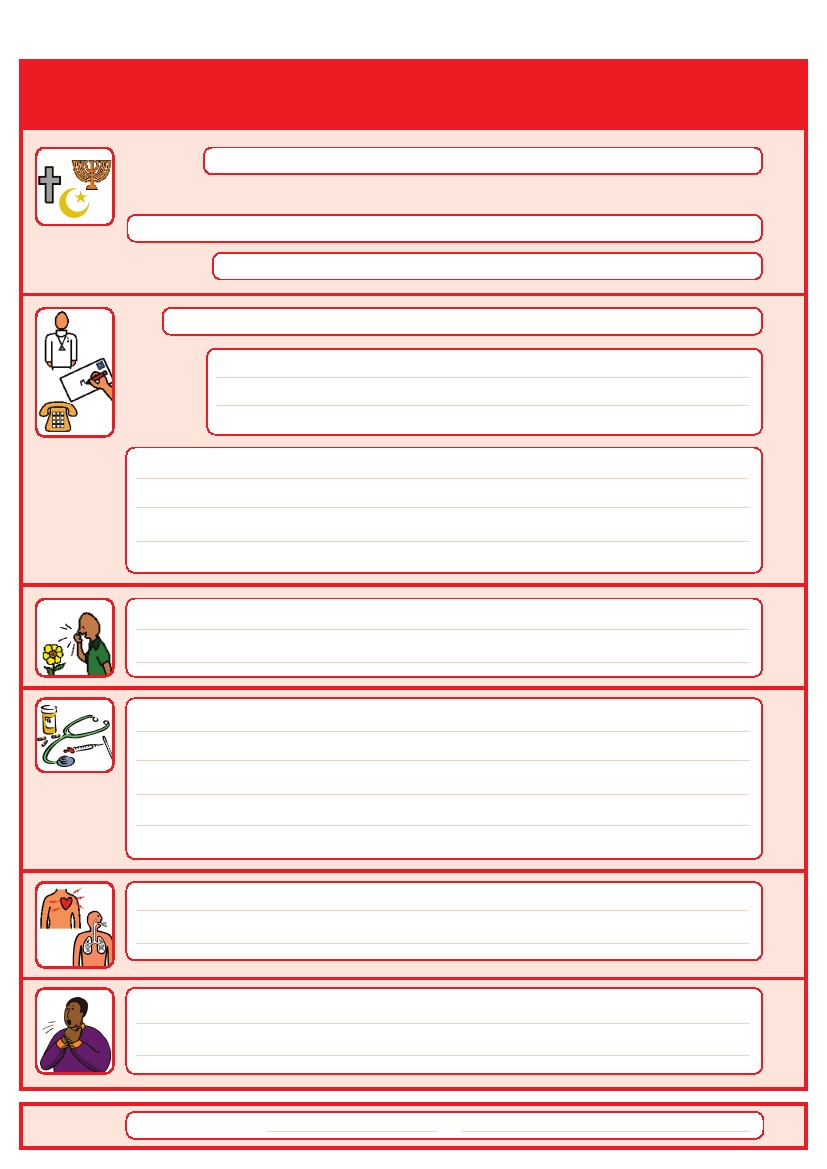
Heart - No problems reported.

Risk of choking, Dysphagia (eating, drinking and swallowing):

Date completed

By

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Things you must know about me

Current medication:

**THIS MEDICATION MAY BE SUBJECT TO CHANGE, IT WAS CORRECT AT THE DATE OF COMPLETION.**

My medical history and treatment plan:

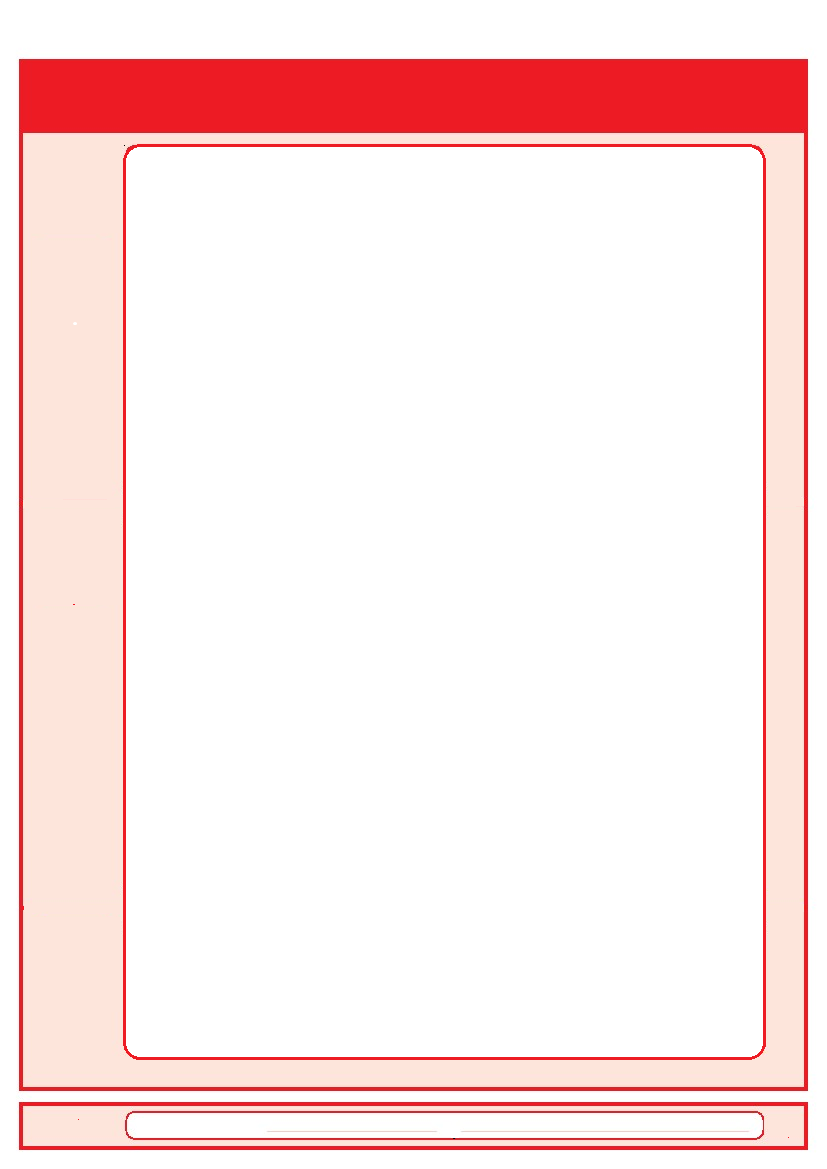
What to do if I am anxious:

Date completed

By

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Date completed:

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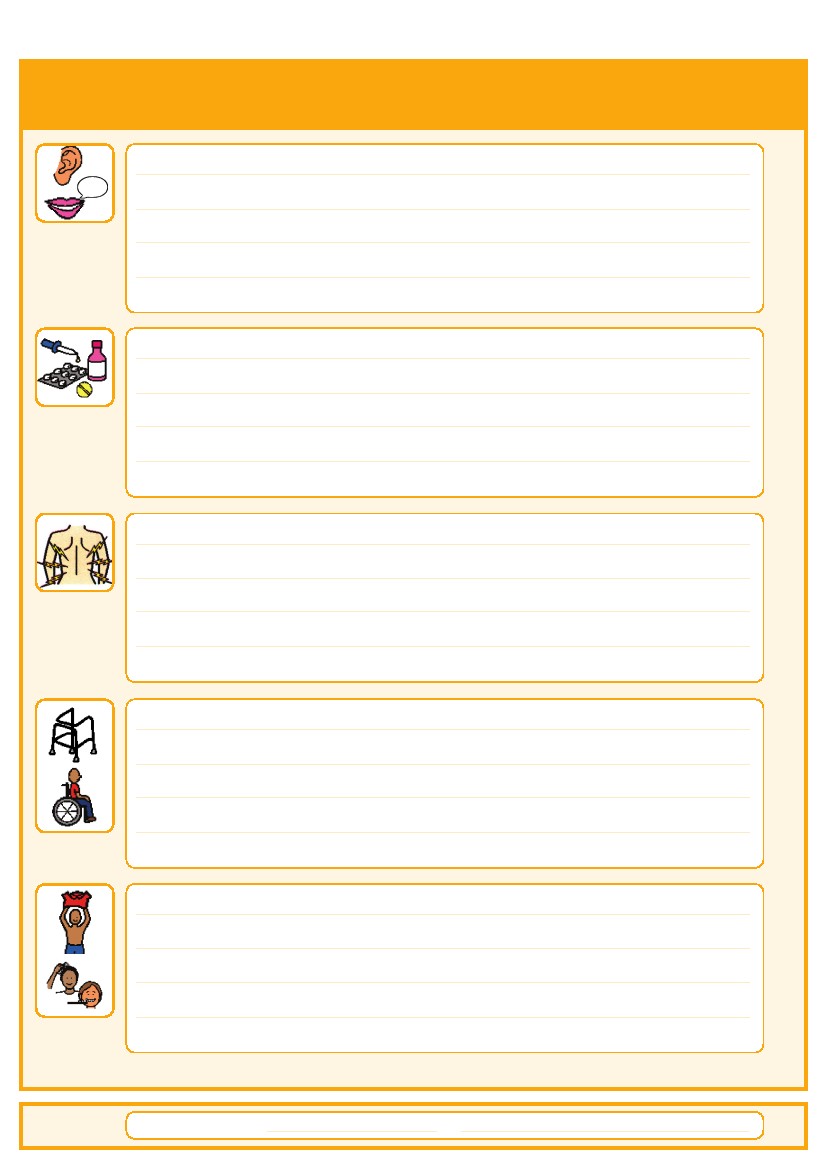
By:

Please clearly detail any interventions i.e Strategies that can prevent, please be explicit and include any care plans/risk assessments in place.

(Including known risks i.e. Sexulised behaviour,

Challenging Behaviour)

Risk Behaviours



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:

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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:

By:

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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:

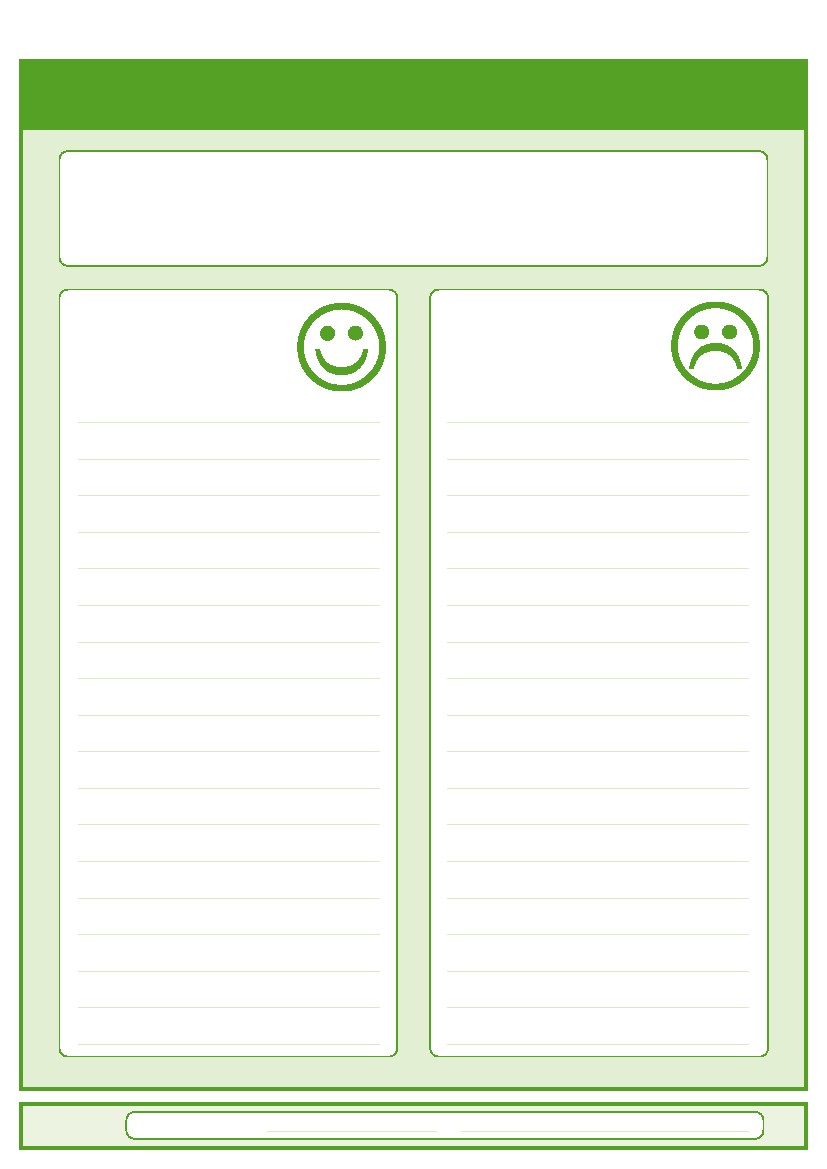
Things I don’t like

Don’t do this:

Date completed:

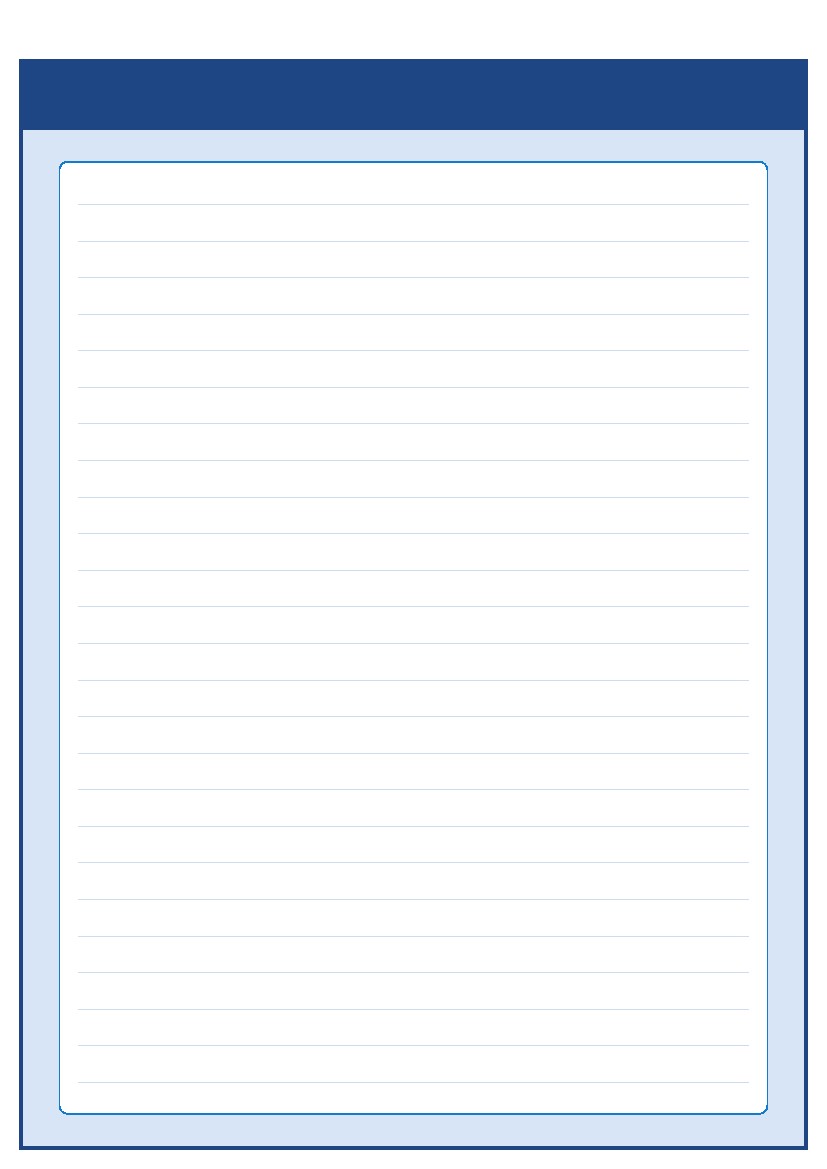
By:

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Notes

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

This Hospital Passport is based on original work by Gloucester Partnership NHS Trust and a second

Version adapted by the Corporate design department at Wandsworth Council

