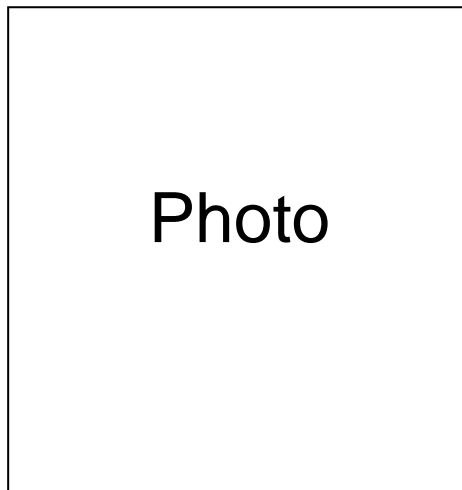


Name:
Address:

DOB: / /
Hospital no:
NHS Number:

Hospital Passport



Make sure that all the people who look after you read your passport

- Please note: **Value judgements** about quality of life must be made in consultation with you, your family, carers and other professionals.

What reasonable adjustments can you make to support me?

For example flexible visiting times, carers being able to stay with me

Adapted from Gloucestershire Partnership NHS Trust document

RED

Things you must know about me

Name -	NHS number -	
Likes to be known as -	Date of birth -	
Address -	Tel no: -	
GP -	Address:	
Person who knows me best -	Relationship -	Tel no -
Next of Kin -	Relationship -	Tel no -
Professionals involved, who to contact -		
Religion -	Religious requests -	

Allergies -

Brief medical history -

How to explain my care and treatment to me to help me say if I agree -

Who I would like to help me to make choices about treatment decisions-

Medical Interventions - how to take blood, give injections, take temperature, medication, BP etc.

Heart (heart problems) -

Breathing (respiratory problems) -

AMBER

Things that are really important to me

Communication - How to communicate with me, and how to help me understand things

My behaviour - If I begin to act differently it may be a sign that I am not well or am worried, staff should monitor for my safety and maybe others.

Seeing/hearing - Problems with sight or hearing?

Eating (swallowing) - Food cut up, choking. Help with feeding? Seating position?

Drinking (swallowing) - Small amounts, chance of choking? Seating position?

Going to the toilet - Continence aids, help to get to the toilet?

Moving around - walking aids, slings, wheelchair?

Taking medication - Crushed tablets, injections, syrup.

Pain - How you know I'm in pain

Sleeping - Sleep pattern, sleep routine, sleep position, bed rails, mattress, postural care



Keeping safe - Bed rails, postural care

Personal care - Dressing, washing, normal routines, preference - shower or bath, male or female carer?

Level of support - Who needs to stay and how often? Carer support - who knows me best.

GREEN

I would like you to know the:

THINGS I LIKE Please do this:		THINGS I DON'T LIKE Don't do this:	
Things you would like to happen - Think about - what upsets you, what makes you happy, things you like to do ie watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch, routines, things that make you feel safe.			

Consent

I agree to have my hospital notes electronically flagged so that hospital staff will have a better understanding of how my learning disability affects my health.

Signed.....Date.....

Best Interests

I have consulted with colleagues and believe it is in the best interests of to have their hospital notes electronically flagged. This will ensure that hospital staff will have a better understanding of how their learning disability affects their health and wellbeing.

Signed.....Date.....

Completed by:.....

Date:.....

Please send a copy of this passport in the freepost envelope provided, so it can be put into your hospital notes.

South Tees Hospitals NHS Foundation Trust,
FREEPOST NEA454,
Clinical Audit Dept (4691),
MIDDLESBROUGH TS4 3BW