

# Hospital Passport

For vulnerable people coming to James Paget  
University Hospitals Foundation Trust

My photo

My name is:

If I attend an appointment or go into hospital this passport needs to go  
with me and stay with me at all times.



## Please look at it

It tells you

- Things you **MUST** know about me
- Things that are important to me
- My likes and dislikes

**This information belongs to me. Please return it to  
me when I go home.**

James Paget University Hospitals



NHS Foundation Trust

# Things you must know about me



Name:

Likes to be known as:



Date of Birth:



Address:



Tel No:

## How to communicate with me:



Contact person:



Relationship  
e.g. family member, Support Worker:

Address:

Tel No:

## My support needs and who gives me the most support:



Date completed  by

# Things you must know about me



Allergies:

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Heart/Breathing problems:

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

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GP:

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Address:

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Tel No:

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Other services/professionals involved with me:

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Spiritual needs:

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Religion:

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Religious Needs:

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Ethnicity:

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What makes me anxious, upset or worries me (e.g. the dark, noise, crowds etc) and how do I show this?

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What helps me when I feel like this?

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Date completed

by

# Things you must know about me

**Current medication:**



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**My medical / social history and treatment plan:**



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**Medical Interventions: (how to take my blood, give injections, BP etc)**



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**How I take medication: (on food, in liquid form, by injection)**



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Date completed

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# Things that are important to me



How you know I am in pain: (posture, skin colour, sounds)

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Moving around: (Posture in bed, walking aids, transfers, hoisting)

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Personal care: (Dressing, washing, etc)

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Seeing/Hearing: (Problems with sight or hearing)



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How I eat: (Food cut up, help with eating, consistency of food)

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Date completed \_\_\_\_\_ by \_\_\_\_\_

# Things that are important to me

How I drink: (drink small amounts, thickened fluids)



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How I keep safe: (Side room, Low bed, Bed rails, and support from familiar staff)



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How I use the toilet: (Continence aids, help to get to the toilet)

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Sleeping: (Sleep pattern/routine)

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Date completed \_\_\_\_\_ by \_\_\_\_\_

# My likes and dislikes

**Likes:** for example - what makes me happy, things I like to do, things that are important to me

i.e. watching TV, reading, music, routines.

**Dislikes:** for example food I don't like, physical touch, needles

## Things I like

Please do this:



## Things I don't like

Don't do this:



Date completed \_\_\_\_\_ by \_\_\_\_\_

# Notes



**This is me** is based on original work by Gloucester Partnership NHS Trust and the South West London Hospital Access to Acute Group and Alzheimer's organisation

**Additional copies of This is me can be downloaded from James Paget Internet Learning Disabilities Internet Page.**

LD sub group/ V3 May 2012 review May 2013