This is my Hospital Passport

For people with learning disabilities coming to hospital in Bishop Auckland, Darlington or Durham.

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 be at 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

County Durham and Darlington NHS Foundation Trust
Things you must know about me

Name: 
Likes to be known as: 
Date of Birth: 
Address: 
Tel No: 

How I tell people how I feel: 

Family contact person: 
Relationship e.g. Mum, Dad: 
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

<table>
<thead>
<tr>
<th>Religion:</th>
<th></th>
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<tbody>
<tr>
<td>Religious needs:</td>
<td></td>
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<tr>
<td>Ethnicity:</td>
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</table>

| GP: |   |
| Address: |   |
| Tel No: |   |

**Other services/professionals involved with me:**

| Allergies: |   |

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

| Heart/Breathing problems: |   |

| Risk of choking when eating, drinking and swallowing): |   |

**Date completed**

**by**
Things you must know about me

Current medication:

Operations and illnesses I have had:

What to do if I am worried or upset:

Date completed by
Things that are **important** to me

How to communicate with me: (speaking, signing, pictures)

How I take medication: (Crushed tablets, injections, syrup)

How to tell if I am in pain:

Moving around: (Posture in bed, walking aids)

Personal care: (Dressing, washing, etc)

Date completed by
Things that are important to me

Problems with my sight or hearing:

How I eat: (Food cut up, risk of choking, help with eating)

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

What best support looks like: (keeping me safe)

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

Sleeping: (Sleep pattern/routine)

Date completed by
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:

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**Things i don’t like**

Don’t do this:

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Date completed by
This Hospital Passport is based on original work by Gloucester Partnership NHS Trust, Wandsworth Community Disability Team and Wandsworth Council.

Local work has been a joint development between County Durham and Darlington NHS Foundation Trust and the Valuing People Team of Darlington Borough Council.

Thank you to the Darlington Learning Disabilities Parliament for suggesting changes to make the passport fit in with our community and health care system.