

# This is my Hospital Passport

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

My name is:

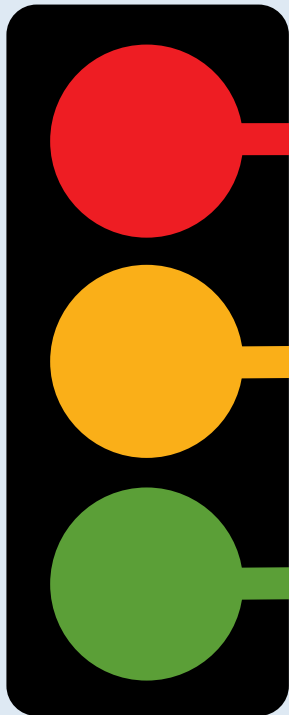
If I have to go to hospital this book needs to go with me, it  
gives hospital staff important information about me.

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**

# 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:

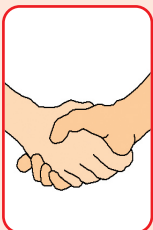


Family contact person:

Relationship e.g. Mum, Dad:

Address:

Tel No:



My support needs and who gives me the most support:



My carer speaks:

Date completed  by

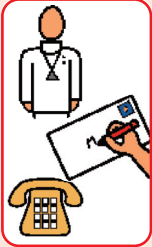
# Things you must know about me



Religion:

Religious needs:

Ethnicity:



GP:

Address:

Tel No:

Other services/professionals involved with me:

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Allergies:

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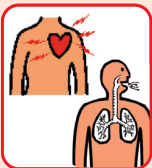
Medical Interventions - how to take my blood, give injections, BP etc.

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Heart/Breathing problems:

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Risk of choking when eating, drinking and swallowing):

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Date completed  by

# Things you must know about me



**Current medication:**

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**Operations and illnesses I have had:**

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**What to do if I am worried or upset:**

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# Things that are important to me



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

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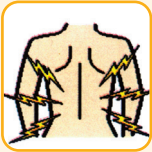
How I take medication: (Crushed tablets, injections, syrup)

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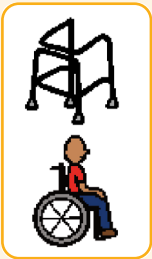
How to tell if I am in pain:

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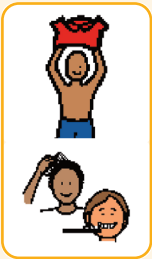
Moving around: (Posture in bed, walking aids)

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Personal care: (Dressing, washing, etc)

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# Things that are important to me



**Problems with my sight or hearing:**

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

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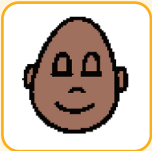


**How I drink: (Drink small amounts, thickened fluids)**

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**What best support looks like: (keeping me safe)**

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

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**Sleeping: (Sleep pattern/routine)**

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