

Health Passport

Name

How I communicate (language, symbols, signs etc)

Who needs to know when I am about to be discharged?

This will be useful when new people start to work with me.
If I go to hospital it should be at the end of my bed with my notes.

-  **Red pages contain things you must know about me.**
-  **Orange pages contain things that are important to me.**
-  **Green pages tell you about what I like and don't like.**

Next of kin

Telephone

Main carer or keyworker

Telephone

GP

Address / Telephone

Social worker or care manager

Telephone

Community Nurse

Telephone

Advocate or health facilitator

Telephone

Things you must know about me

NHS no.

Date of birth

Conditions and diagnoses eg. epilepsy, diabetes, mental health issues?

Who supports me with these? (Other doctors or consultants that I work with)

Do I have a care plan or guidelines?

Current medication

Name

dose

when

what for

How do I take my medication?

What support do I need to manage my medication?

How to tell if I am in pain or not feeling well

Special medical instructions: (how to take my blood, give injections, BP etc)

Allergies

Do I need support to eat and drink? Are there any guidelines from SLT?

Smoking, alcohol or non-prescription drugs?

Things that are important to me

How I tell people how I feel

What to do if I feel worried or upset

Do I need help moving around?

How I manage my personal care (washing, dressing, feminine hygiene, teeth, shaving, nails)

Support I need to manage my weight

Support I need to get enough exercise

Support with my sight or hearing

Support to use the toilet (continence aids, help to get there)

Support at night or with sleep

Relationships and contraception

How I like to be supported (male/female staff, things to look out for)

Things I like

Things I dislike

My weekly timetable

	AM	PM	EVE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

My Appointments

Service	contact	last seen	next due
GP			
Nurse			
Dentist			
Optician			
Podiatrist			
Screening			
Dietician			

How do I manage my appointments?

Completed by _____ Date _____

To be reviewed on _____

