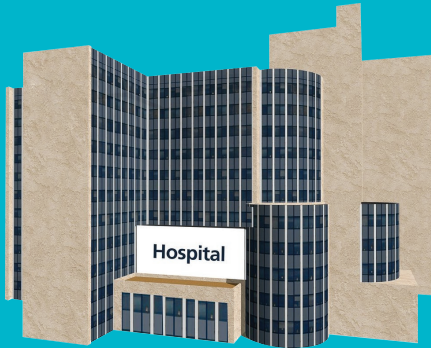


HSC Hospital Passport



For people with a learning disability in contact with a general hospital



Your Hospital Passport will help to let hospital staff know all about your abilities and needs.

This will help them give you better care when you are in hospital.

Please ensure that your information is up to date.

To staff:

Please read this regional Hospital Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.

Try to make this passport easily available to all staff involved in care.



**Health and
Social Care**

All about me



My name is



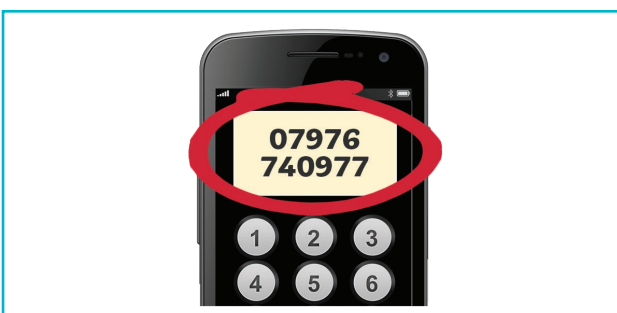
I like to be called



My birthday is (date of birth)



I live at



My telephone number is



I live with



My main carer is

Name

Telephone number



Parental responsibility

(for children under 18 years of age)

Name

Telephone number



My keyworker is

Name

Telephone number

Communication



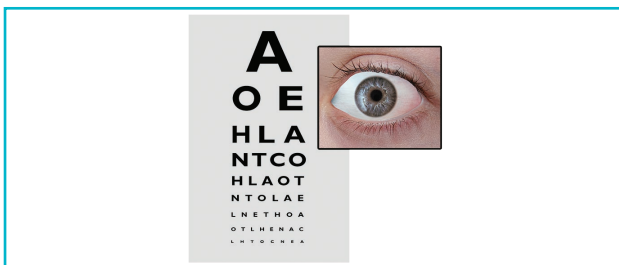
I communicate by



How best to communicate with me



Support I need to make decisions



My eyesight



My hearing



What I do if I am afraid or worried



How you can support me if I am afraid or worried



Things I do if I am sore or in pain

Medical history



Things I am allergic to



Other conditions I have (for example, epilepsy, diabetes, mental illness, high blood pressure)

Medication

I am on medication

Yes

No

(please bring all your medication to hospital with you)

How I prefer to take my medication
(in food, with a drink, as a liquid)



Looking after me

How best to gain my help when
examining or caring for me

Support I may need with moving
(in bed, sitting, walking)

Support I may need with eating





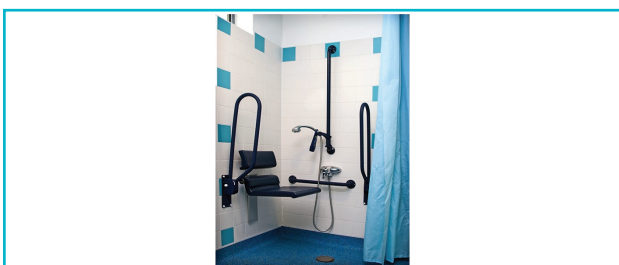
Help I need with drinking



How to reduce my risk of choking
(if this applies to me)



Support I may need with my oral or dental care



You can help me with my personal care by

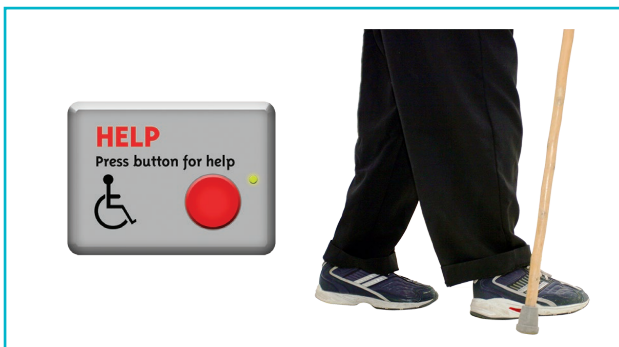


Support I may need with using the toilet

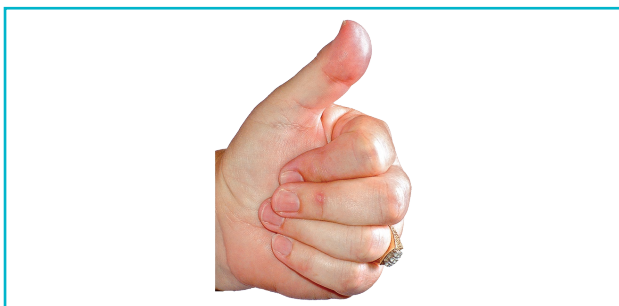


Things that help me have a good sleep

Keeping me safe and happy



Things that I do or use to keep safe



Things I like (what makes me happy, things I like to do, see or talk about)



Things I do not like (what upsets me, things I do not like to do, see or talk about)



If my behaviour becomes difficult for you, please support me by

Completed by:

Relationship to client:

Date: