

# This is my Hospital Passport

**My name is:**

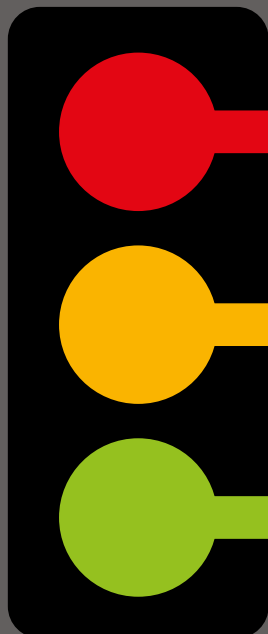
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on 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

This hospital passport was adapted by Shine from the South West London Access to Acute Group which was an original work by Gloucester Partnership NHS Trust.

# Things you must know about me



Name:

Likes to be known as:



NHS number:

Date of Birth:



Address:

Tel No:



How I communicate/What language I speak:



Family contact person, carer or other support:

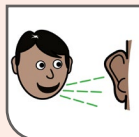
Relationship e.g. Mum, Dad, Home Manager, Support Worker:

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/Spiritual needs:

Ethnicity:



GP:

Address:

Tel No:

Other services/professionals involved with me:

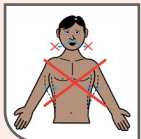


Allergies:



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

Mitrofanoff Alert



Heart

Breathing problems:



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

Date completed  by

# Things you must know about me



Current medication:

Blank space for writing current medication.



My medical history and treatment plan:

Blank space for writing medical history and treatment plan.



What to do if I am anxious:

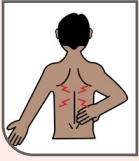
Blank space for writing what to do if anxious.

Date completed

by

Blank space for writing the name.

# Things you must know about me



The areas of my body vulnerable to pressure sores are



Pressure area care



Equipment needs for pressure areas

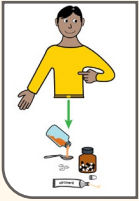
Date completed

by

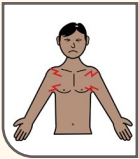
# Things that are important to me



**How to communicate with me:**



**How I take medication: (whole tablets, crushed tablets, injections, syrup)**



**How you know 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



**Seeing/Hearing: (Problems with sight or hearing)**

Blank space for notes related to seeing/hearing.



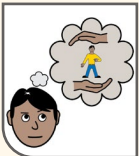
**How I eat: (Food cut up, pureed, risk of choking, help with eating)**

Blank space for notes related to eating.



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

Blank space for notes related to drinking.



**How I keep safe: (Bed rails, support with challenging behaviour)**

Blank space for notes related to safety.



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

Blank space for notes related to toilet use.



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

Blank space for notes related to sleeping.

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:



## Things I don't like

Don't do this:



Date completed

by



A large, empty rectangular box with a double-line border, intended for taking notes. The box is white and occupies most of the page below the header.

**Include your useful websites & contacts here:**

**[www.shinecharity.org.uk](http://www.shinecharity.org.uk)**

**Shine, 42 Park Road, Peterborough, PE1 2UQ**

**Call: 01733 555988 Email: [info@shinecharity.org.uk](mailto:info@shinecharity.org.uk)**

**Please contact Shine if you have any questions about the passport**

Shine, 42 Park Road, Peterborough, PE1 2UQ  
01733 555988 • [www.shinecharity.org.uk](http://www.shinecharity.org.uk)  
[info@shinecharity.org.uk](mailto:info@shinecharity.org.uk) • Registered Charity No: 249338

