MY HEALTH PASSPORT

My name is: 

I like to be known as: 

Type of home I live in: 
E.g. supported living, family home

Hours of staff support I get each day: 

Who to contact for more information about me: 

If I go to hospital this book needs to go with me.
It gives hospital staff important information about me. This book should be kept at the end of my bed, with my notes, and used when you talk to me.

This is essential reading for all hospital staff working with me

Things you must know about me

Things that are important to me

My likes and dislikes

Please return my passport to me when I am discharged
**Things you must know about me**

**Communication** - How well I use and understand speech
- Other ways I use to communicate - signing or pictures?
- How I show how I feel - How I communicate yes and no

**Eating and drinking** - What help I need, and food allergies or intolerances?
- Does my food need to be cut up or liquidised?
- Is there a risk I may choke?
- Do I use special equipment?
- Do I need help filling in menus?

See also the likes and dislikes section

**Pain** - How I show I’m in pain and how to support me

**How I take medication** - One tablet at a time, on a spoon, via a syringe?
- Do I need help to make sure I have swallowed?

**My sight and hearing** - Any problems I have? Any aids I use?
How to support me if I’m anxious, worried or upset

Behaviours I have that may be challenging or cause risk
What you can do to support me with my behaviours - things that help me relax

Keeping me safe - Do I wander? Could I fall out of bed?

How to support me with medical interventions
Taking my temperature, blood pressure, blood test, giving injections

Other vital information - e.g. advance care decision and other allergies

How I usually am - for example do I sleep a lot, am I usually very quiet
# Things that are important to me

## Important people
- Family, friends, keyworker?

## Level of support I need
- Who needs to stay and how often?

## How I use the toilet - e.g. continence aids, getting to the toilet

## Personal care - Dressing, washing, and teeth cleaning support I need

## Moving around - e.g. posture in bed, walking aids and wheelchair
- Do I need help with moving around?

## Sleeping - Sleep pattern / routine
# My likes and dislikes

<table>
<thead>
<tr>
<th>Things I like</th>
<th>Things I don’t like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things important to me, I enjoy and help me relax.</td>
<td>Things that make me unhappy, anxious or scared.</td>
</tr>
<tr>
<td>Food and drink I like</td>
<td>Food and drink I don’t like</td>
</tr>
<tr>
<td>Clothes and shoes I like to wear</td>
<td></td>
</tr>
</tbody>
</table>

**Things I like**
- Could include:
  - favourite music
  - TV Programmes
  - favourite foods
  - activities
  - how I relax

**Things I don’t like**
- Could include:
  - things that worry me
  - food I don’t like
  - ways I don’t like being treated