This is my hospital passport

For people with a learning disability coming into hospital

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
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. 

Heart 
Breathing problems: 

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

Date completed __________________________ by __________________________
Things you must know about me

Current medication:

My medical history and treatment plan:

What to do if I am anxious:

Date completed ______________________ by ______________________
<table>
<thead>
<tr>
<th><strong>Things that are important to me</strong></th>
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<tbody>
<tr>
<td><strong>How to communicate with me:</strong></td>
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<tr>
<td><strong>How I take medication:</strong></td>
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<tr>
<td>(whole tablets, crushed tablets,</td>
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<td>injections, syrup)</td>
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<td><strong>How you know I am in pain:</strong></td>
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<td>**Moving around (posture in bed,</td>
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<td>walking aids):</td>
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<td><strong>Personal care (dressing, washing, etc):</strong></td>
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**Date completed** ___________  **by** ___________
Things that are important to me

Seeing/hearing (problems with sight or hearing):

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

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

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

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

Sleeping (sleep pattern/routine):

Date completed ___________ by ___________
My likes and dislikes

Likes: for example - what makes me happy, things I like to do ie 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 ___________________________
Contacts and useful websites

Community Learning Disability Teams (CLDT)

Barnet Learning Disability Service
020 8359 6161
BLDSIntegratedDuty@barnet.gov.uk

Camden Learning Disabilities Service
020 7974 3737
www.camden.gov.uk/clds

Enfield Integrated Learning Disability Service
020 8379 5039
learning.disabilities@enfield.gov.uk

Hertsmere Community Learning Disability Team
01442 454242
Hertsmere.LD@hertfordshire.gov.uk

Haringey Learning Disabilities Partnership
020 8489 1384
hldp@haringey.gov.uk

www.easyhealth.org.uk
www.intellectualdisability.info
www.mencap.org.uk/gettingitright

Please contact your local community learning disability team if you have any questions about the passport

This hospital passport was developed by the South West London Access to Acute Group and based on original work by Gloucester Partnership NHS Trust.

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