

# This is my Hospital Passport

## For hospital staff

- Please look at my passport before you talk to me or offer me any treatment
- Please keep this booklet by my bed
- Make sure all the nurses caring for me read it
- **Consent** - I may need more time and help to say **yes** or **no** to treatment

My name is .....

I like to be known as .....

Support worker / carer .....

Their phone number is .....

Date filled in .....



Things you must know about me

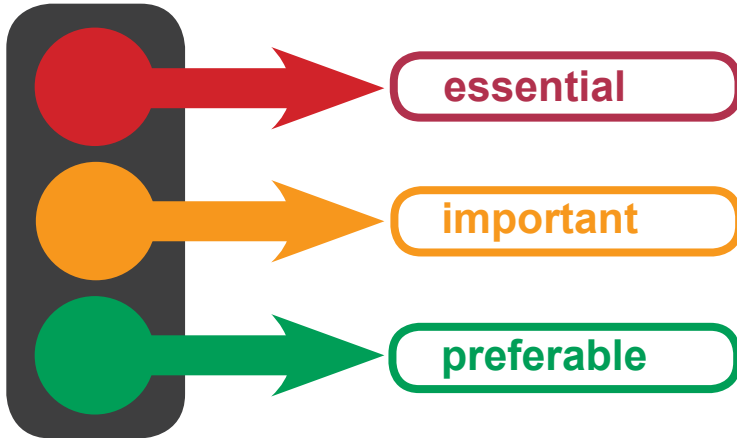
Things that are important to me

My likes and dislikes

This Passport belongs to me  
Please return it to me when I go home

## For Hospital STAFF

This booklet is filled out by the patient with support from a carer or support worker. They can bring it with them into hospital. The main purpose of this booklet is to provide hospital staff with three types of information in a format that is quick and easy to use.



The aim of the booklet is to make sure that people with learning disabilities can tell staff what support they need.

People with learning disabilities are twice as likely as the general population to be admitted into hospital. Communication between the person and their health staff has been found to be a major obstacle to the provision of good health care to people with learning disabilities.

## Things you must know about me



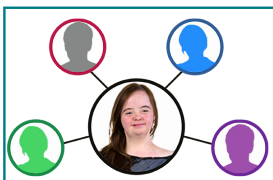
GP .....



Address .....



Phone number .....



Community team or other services who take care of me

.....

# Things you must know about me



NHS Number

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Date of birth

.....

My Home  
My Street  
My Postcode



Address

.....

.....



Phone number

.....



How I communicate / what language I speak

.....

.....



Family contact person, carer or other support

.....

.....



Relationship (for example mum, dad, support worker)

.....

.....

My Carer  
Home  
Street  
Postcode



Address

.....

.....



Phone number

.....



My carer speaks

.....

.....



Support needed for consent

.....

.....

Religion



Other







# Things that are important to me



**How I'd like you to communicate with me**  
(For example use eye contact , easy words, speak slowly)

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.....

.....

.....

.....



**How I let you know I'm in pain**.....

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**Understanding**  
(Please use pictures, communication passport)

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**Seeing and hearing** .....

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# Things that are important to me



**Toilet** (continence aids, support) .....

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**Personal care** (washing, dressing, looking good) .....

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**Sleeping** (pattern and routine) .....

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.....



**Keeping me safe and comfortable** .....

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.....

.....

**Planning for when I go home** (please make sure that the following people are involved)



Name	Phone 
.....	.....
.....	.....
.....	.....
.....	.....





# Things I don't like

**What I don't like** (please don't do this)

what makes me sad or upset, what I don't like doing, food I don't like, how I don't want people to talk to me, bad touch, worries



A series of horizontal dotted lines for writing, corresponding to the images on the left.

**Produced in collaboration with:**

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