











## Hospital Passport

To be completed by individual (with help if needed) before coming into hospital  
Call Southmead Hospital Learning Disability Liaison Nurses: 0117 414 1239

<p><b>Name:</b></p> <p><b>I would like you to call me:</b></p>		<p><b>Date of Birth:</b></p>		
<p><b>My address:</b></p>		<p><b>My NHS Number:</b></p>		
<p><b>My religion:</b></p>		<p><b>My telephone number:</b></p> <p><b>Preferred language:</b></p>		
<p><b>My closest family/representative:</b></p> <p><b>Relationship to me:</b></p> <p><b>Address:</b></p> <p><b>Telephone number:</b></p>				
<p><b>My GP:</b></p> <p><b>My GP telephone number:</b></p>	 <p>GP Surgery</p>			
<p><b>Professionals involved in my care:</b></p>				

## Essential Information

Very important information you must know about me

**My health problems:**



**Allergies/Sensitives:** (and source of information)



**My current medication:** (see my current pharmacy medication sheet)



**How I take my medication:**

**Do I need Dossett Box &/or Easy Read Instructions on discharge?**

Dossett Box  Easy Read Info  (Please Tick if necessary)

**How I communicate:**



**How I need you to communicate with me:**

**How I consent:** (mental capacity act 2005)



Name:  
Address:

DOB:

NHS NO:  
Date:

**What I'm like in hospital:** (what was my experience on previous admission?)



**What makes it easier for me:** (TV, low lights, less people, no sudden noises.... Etc)

**Routines that are important to me:**



**How to make medical tests easier for me:**



**This is how I show I am in pain:**



**Emergency protocols that are in place:** (DNACPR, Epilepsy, Eating & drinking etc.)



**Behaviours that may cause risks to myself or others:**



**Triggers that may lead to behaviours that challenge:**



**Do I have a behaviour plan?** Yes  No

## Important Information

Important information about my general daily living

How I wash and clean myself:



How I get dressed and undressed:



How I go to the toilet:



How I eat and drink:



Do I need help with my menu in hospital? Yes  No

How I move around:



Equipment I use:

How I sleep:



Have I got any problems with:

My Sight :



My Teeth :



My Hearing:



My Skin:



## Important Information

To improve my hospital stay

### My carers needs:

(If I am in Hospital the people who might be able to support me and what help they will need to do this)



### How I like to be treated:



### What upsets me:



### Things that will make my stay in hospital better:

(e.g. things I can do so I don't get bored, things I like to talk about, favourite music and TV, books, arts and crafts)



**Date this passport should be reviewed :**

(Minimum of annually or sooner if needs change)

**Person who will review this passport:**

Please can all staff read my hospital passport when I am in hospital to get to know me and how I like to be supported.

My hospital passport will outline any reasonable adjustments that are needed for hospital admissions or appointments. Please support me to ensure these are in place.