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| **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** | | | |
| **My name is:**  **I would like you to call me:** | | **My date of birth:** | |
| **My address:** | | **My NHS number:** | |
| **My telephone number:** | |
| [Image result for religion](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwium9nrppvjAhUE9BoKHciKCX0QjRx6BAgBEAU&url=https://www.rifemagazine.co.uk/2017/12/do-young-people-care-about-religion/&psig=AOvVaw23FSrizkRrFVKca6nh-_HD&ust=1562331047548995)**My religion:** | | [Image result for language symbol](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwipyPT2rJvjAhWox4UKHZRPA0cQjRx6BAgBEAU&url=https://www.iconfinder.com/icons/2971643/ethnicity_international_language_translate_translating_translation_translator_icon&psig=AOvVaw0dvJViDaKVjWZt0TnXdh8d&ust=1562332674689939)**My preferred language:** | |
| **My closest family/representative:**    **Their relationship to me:**  **Their address:**  **Their telephone number:** | | | |
| **My GP:**  **My GP telephone number:** | | | |
| **Professionals involved in my care:** | | | |
| ***Name*** | ***Role*** | |  |

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| **Essential Information**  **Very important information you must know about me** |
| **My health problems:** |
| **My allergies/Sensitivities:** (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 with you:**  **How you should communicate with me:**  **C:\Users\nbm2990\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9NEXW8ST\Pictures_and_symbols.jpg** |
| **What help do I need to make decisions?** (Mental Capacity Act 2005) **If I am unable to understand or consent, this is who you need to contact, to discuss the decision in my best interest:** (family, friend or IMCA)  Please Tick if this person is your :  LPA :  Court of Protection Deputy for Health and Welfare: |
| **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.)  [Image result for hOSPITAL BAY](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjak4nsytjeAhUEuRoKHbZmAdEQjRx6BAgBEAU&url=https://www.nhslothian.scot.nhs.uk/GoingToHospital/Locations/RoyalVictoriaHospital/Pages/default.aspx&psig=AOvVaw3Dtkf_pzCHv432X_3Te2V-&ust=1542446420048888) |
| [Related image](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwi44ee6o-_dAhWPDuwKHX6nBQQQjRx6BAgBEAU&url=https://www.ikea.gr/diakosmisi-spitiou/rologia/rologia-toihou-kai-epitrapezia/tjalla-roloi-toixoy-61998/80357878/&psig=AOvVaw2PLrqT3jkZ4m2PjvNCFZav&ust=1538828078745615)**Routines that are important to me:** |
| **How to make medical tests easier for me:**  **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Health\images\BPman1.jpg** |
| **This is how I show I am in pain:** |
| **Emergency protocols that are in place:** (DNACPR, Epilepsy, Eating & drinking etc.) |
| **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Emotions\images\Bad_news.jpgBehaviours that may cause risks to myself or others:** |
| **Triggers that may lead to behaviours that challenge:**  Upset**Do I have a behaviour plan Yes  No  ( If yes, please bring plan into hospital)** |

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| **Important Information**  **Important information about my general daily living** | |
| **How I wash and clean myself:** | |
| **How I get dressed and undressed:** [Image result for t shirt](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiWx8qWte_dAhUm4YUKHQzlAkUQjRx6BAgBEAU&url=https://www.leslipfrancais.co.uk/le-jean-grey-marle-t-shirt-95.html&psig=AOvVaw18FwG4cOELevn1AsBaPpu4&ust=1538832833102649) | |
| **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:** | |
| **[Related image](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjm8cvkh7PeAhV2gM4BHT9TDrMQjRx6BAgBEAU&url=https://pixabay.com/en/eyes-sight-face-clip-art-graphics-1540474/&psig=AOvVaw2W9PlHSk5H0YjO3p7KTmAM&ust=1541157085286187)My Sight :** | **[Image result for teeth](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiGrdKsiLPeAhUFrxoKHaPHDBgQjRx6BAgBEAU&url=http://www.easyhealth.org.uk/listing/teeth-(leaflets)&psig=AOvVaw2eDmvTtRKtutFshbJttcYK&ust=1541157238725113)My Teeth :** |
| **My Hearing:**  **[Related image](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiCiN62h7PeAhWFyIUKHVagBOMQjRx6BAgBEAU&url=http://www.public-domain-photos.com/free-cliparts/people/bodypart/ear_-_body_part_nicu_buc_01-4370.htm&psig=AOvVaw3S-O9q2Q7fg0WNViAh1Ga8&ust=1541156998515683)** | **My Skin:**  **[Image result for skin applying cream](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwi51M7qiLPeAhUGJBoKHTnaD6kQjRx6BAgBEAU&url=https://www.ioshmagazine.com/article/importance-applying-creams-workplace&psig=AOvVaw0hYcfZnNvB28F0T_rEAWNC&ust=1541157383252660)** |
| **Important Information**  **To improve my hospital stay** | | |
| **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Relationships\images\Family.jpgMy carers needs:**  Do I have paid carers or family carers who can offer extra support? Write details (inc level of support that can be provided):    **Do they need: Carers Bed?  Carers Pass?    Any additional needs of carers that hospital need to be aware of? (Inc. health needs):** For attention of Unpaid Carer - Please Contact Carers Liaison Service for additional support for yourself if necessary – Southmead Hospital - Contact 07557 418692 | | |
| **Ways I want to be supported :**   1. With respect   I would like to be treated in the same way as you would like your family member to be treated!   1. With dignity 2. With compassion 3. Listened to 4. Given time to communicate 5. Made to feel safe   Other: | | |
| **What upsets me:** (Things I don’t like or can scare 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.**