

My Healthcare Passport

Date Completed
Date Reviewed

People who care for my health please read

Guide notes for using the passport:

This Passport has been designed for use with people with learning disabilities in hospital, but can be used for other people and other situations.

The use of the passport is important for identifying possible problems quickly.

In Hospital it should be given to patients when they come into the Emergency Department (ED), pre-assessments and outpatients by hospital staff.

Patient and Carers should complete the passport and share the information with the health professional.

This information can then be shared with each health professional in the Hospital.

There are many other hospital passports which East Kent Hospitals will accept.

We are testing this passport and would like your feedback. Have you used it? What was good about it? What would you change about it? Ring the Learning Disability Team on **01233 616727** or email ekhft.learningdisability@nhs.net

To download a new copy, go to www.ekhft.nhs.uk/learningdisabilities

Further patient information leaflets

In addition to this leaflet, East Kent Hospitals has a wide variety of other patient information leaflets covering conditions, services, and clinical procedures carried out by the Trust.

For a full listing please go to www.ekhft.nhs.uk/patientinformation
Or contact a member of staff.

My Information

Hi!

Attach photo here

Name

I like to be called



Date of Birth



Address

Has a mental Capacity Assessment been considered?

NHS Number

Social Services Number

My Information



If you would like to find out more about me

Family Member Name



Address



Telephone Number

For further information please contact

Name

They are my

Care worker

Carer

Friend

Family

Support worker



Telephone Number

Lasting Power of Attorney

Yes

No

If Yes, Health and Welfare

Property and Financial

My Information



My GP

GP Name

Address

Telephone

My Spirituality

I have a Faith

Yes

No

This means I would like

My Allergies and Medication

I am allergic to



**My Disabilities or
Impairments**

A large, empty light blue rectangular area for providing information about disabilities or impairments.

**This person can help
with paperwork**

A large, empty light blue rectangular area for providing information about a person who can help with paperwork.



My Medications

Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	



My Medications Continued

Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	

PRN Medication



Blank area for PRN Medication information.

Notes on Medication

Blank area for Notes on Medication information.

(Fear of needles, behaviour that challenges etc)



Recent Medical History (such as the last time I was in hospital, were there any issues or long-term conditions?)

A large, vertical rectangular area with a light blue gradient background, intended for the user to provide their medical history information.

Discharge / Going Home

I'll need a discharge planning meeting

Yes

No

If a Discharge Planning or Best Interests Meeting is needed, I want these people to help me and attend the meeting



Is there specific aftercare required?

More about me

How I would like you to communicate with me

Involving someone else

Easy Read Information

Communication Book

Pictures

Drawing

Signing/Makaton

Signing and talking

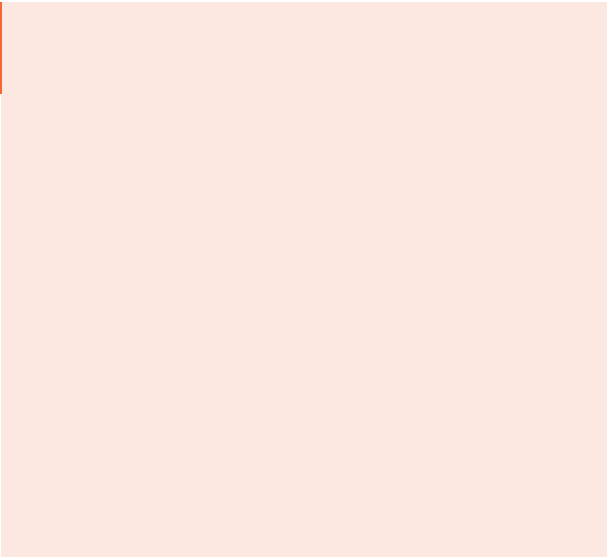
Speaking directly to me

Look me in the face

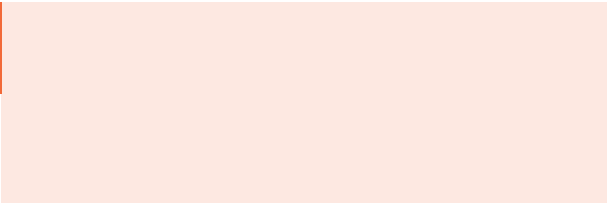
More about me

- Smiling Kindly
- Speaking Louder
- Gentle Tone
- Use Simple Language

Notes

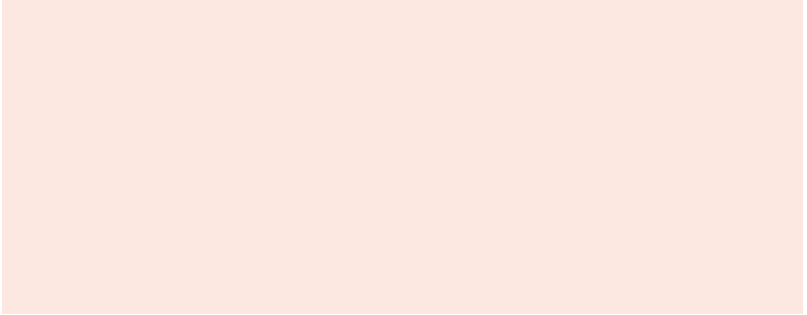


Something important to me

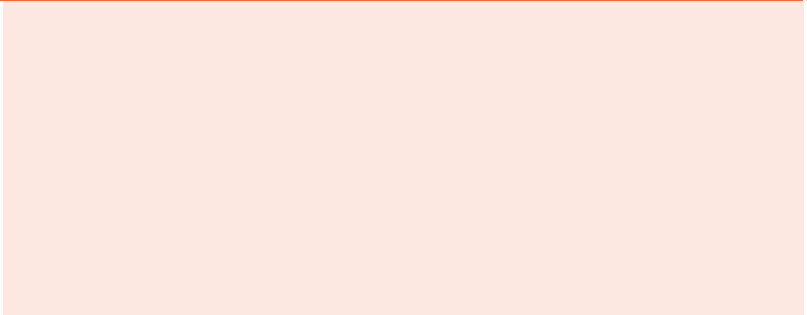


More about me

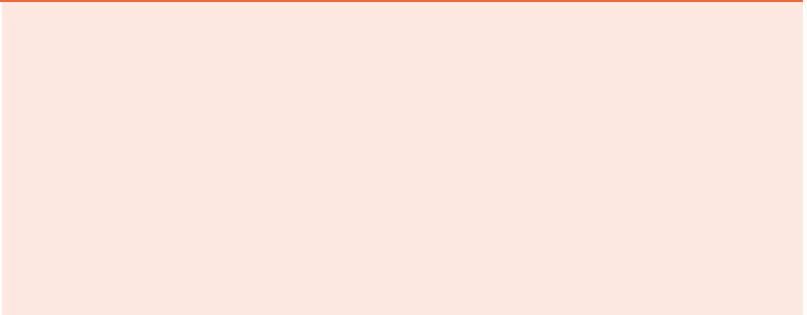
How I communicate with you for: **wants and needs**



How I communicate with you for: **hunger and thirst**

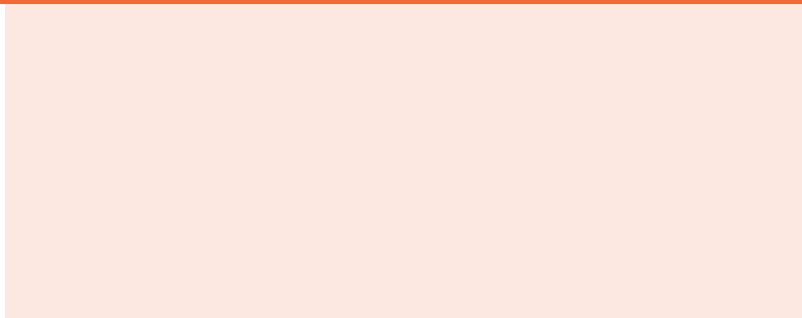


How I communicate with you for: **pain**

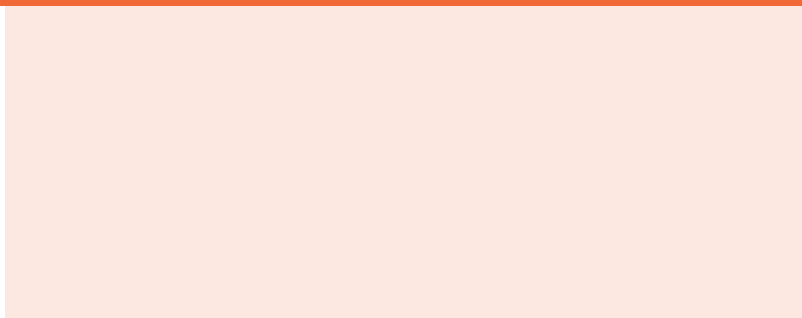


More about me

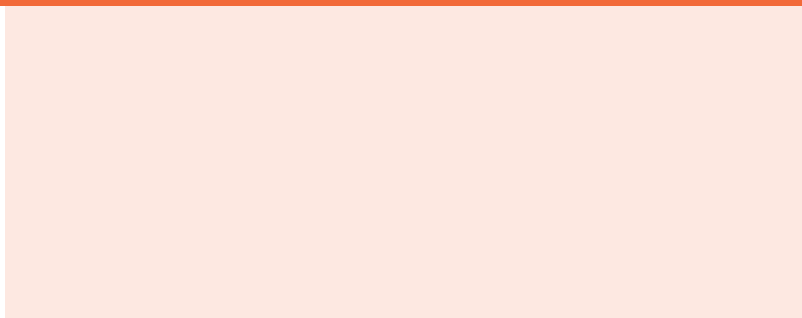
How I communicate with you if I am happy



How I communicate with you if I am sad



How I communicate with you if I need the toilet



More about me

Things I like to do
that would help
me to be happy in
hospital



A large, empty rectangular area with a light orange background, intended for writing or drawing.

Things I don't like
that would make
me sad in hospital



A large, empty rectangular area with a light orange background, intended for writing or drawing.

More about me

What support is needed with dressing and undressing

What support is needed walking around

What support is needed getting in and out of bed

What support is needed eating and drinking

Please state any dietary requirements

More about me

What support is needed for sitting


What support is needed for standing

Do you need support from a mobility aid?

What support is needed with personal care

More about me


What support is needed with brushing my teeth



What support is needed with sleeping



What support is needed using the toilet



What support is needed with bathing/washing hair



My Carers/Care Workers

I currently have

hours a day one to one care

Which is

hours a week

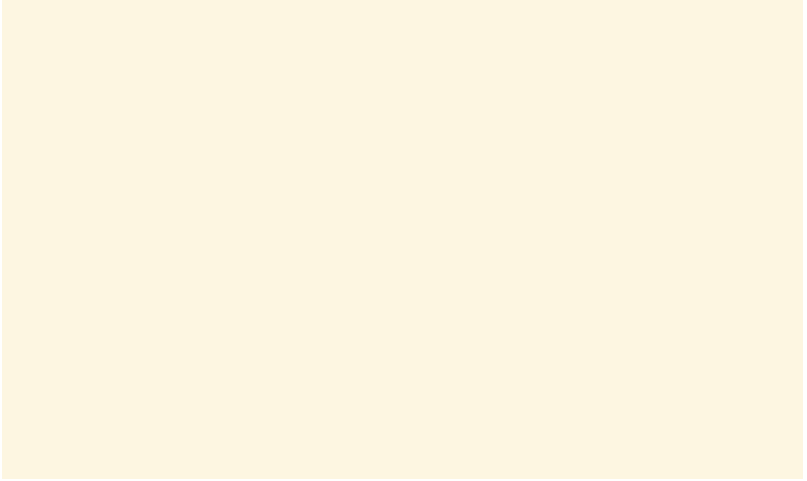
These would be best used in hospital at

If I was in hospital again these things helped me

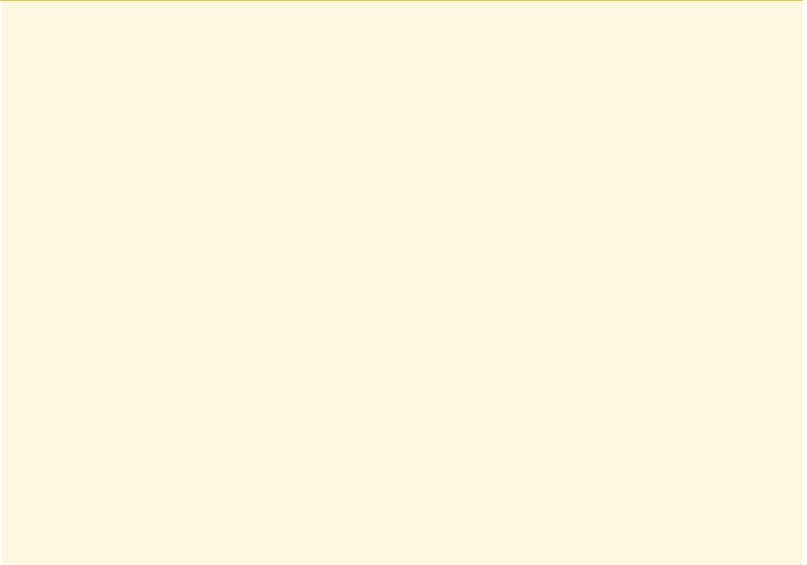
Please Comment

My Carers/Care Workers

Other agencies/professionals that are working with me



Additional Information





Would you like the information in this leaflet in another format or language?

We value equality of access to our information and services and are therefore happy to provide the information in this leaflet in Braille, large print, or audio - upon request.

If you would like a copy of this document in your language, please contact the ward or department responsible for your care.

We have allocated parking spaces for disabled people, automatic doors, induction loops and can provide interpretation. For assistance, please contact a member of staff.