

# 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](mailto:ekhft.learningdisability@nhs.net)

## **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](http://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**

Large empty light blue rectangular area for input.

**This person can help with paperwork**

Large empty light blue rectangular area for input.



## 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, empty rectangular area with a light blue gradient, intended for the user to provide their medical history.

## 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

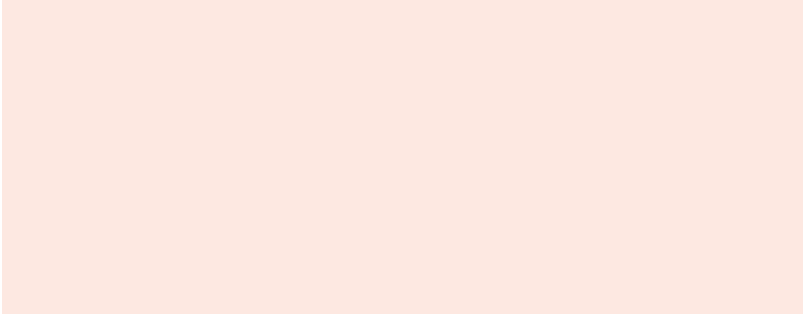
- Smiling Kindly
- Speaking Louder
- Gentle Tone
- Use Simple Language

Notes

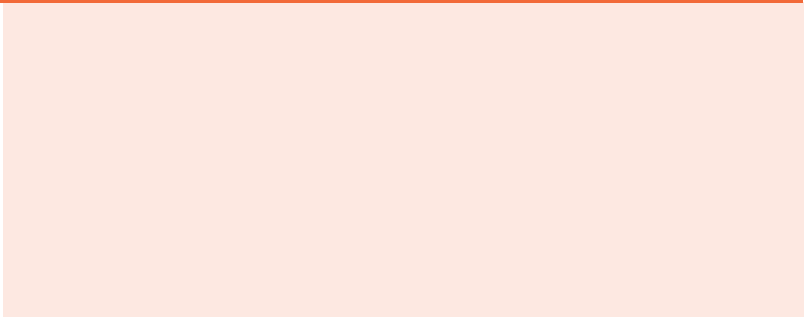
Something  
important to me

# More about me

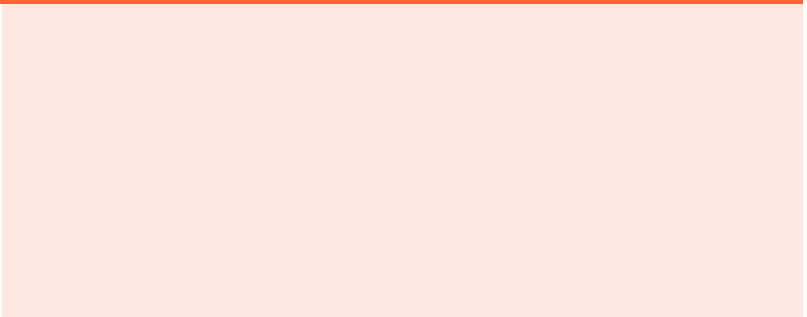
How I communicate with you for: **wants and needs**



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

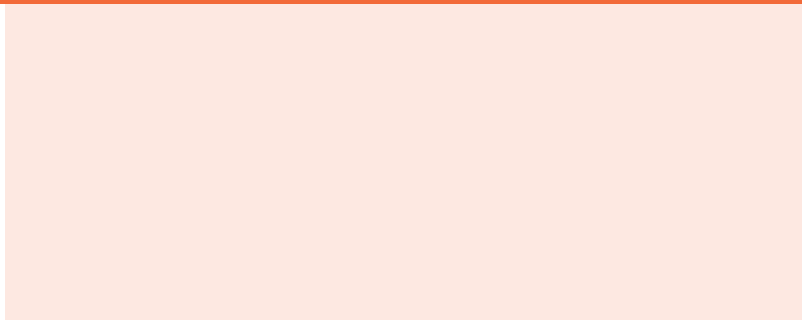


How I communicate with you for: **pain**

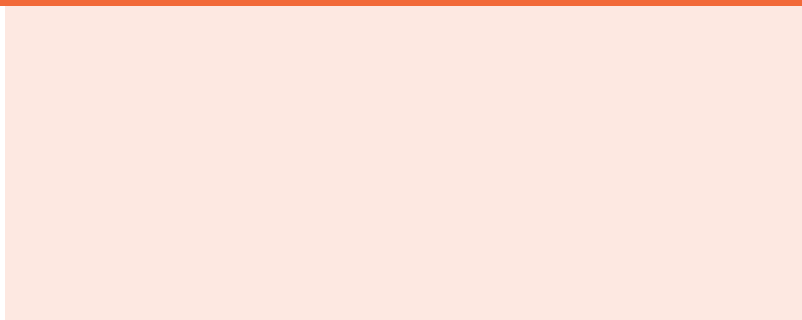


# More about me

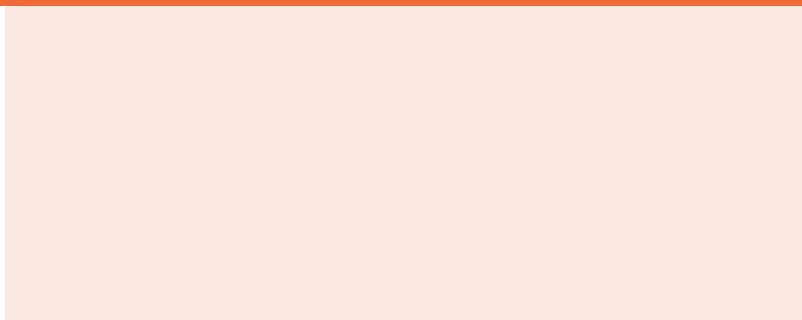
**How I communicate with you if I am happy**



**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



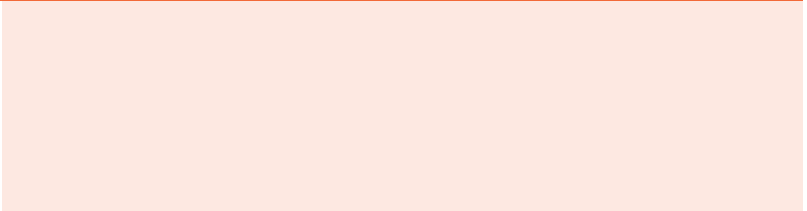
What support is needed with sleeping



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

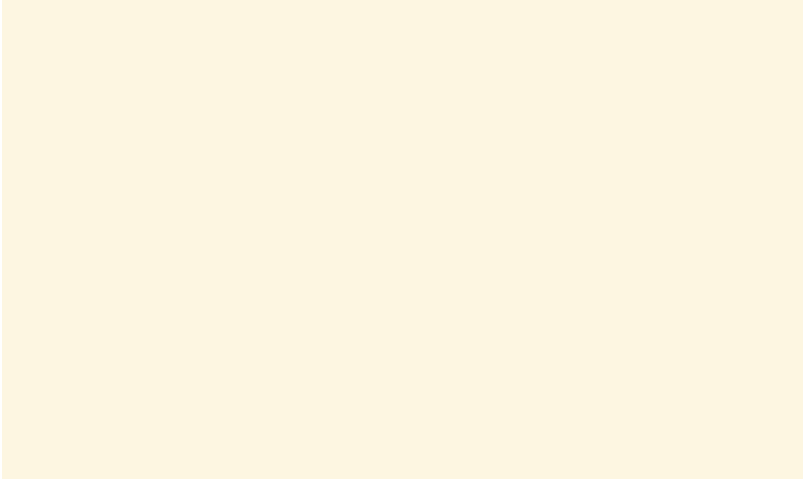
These would be best used in hospital at

If I was in hospital again these things helped me

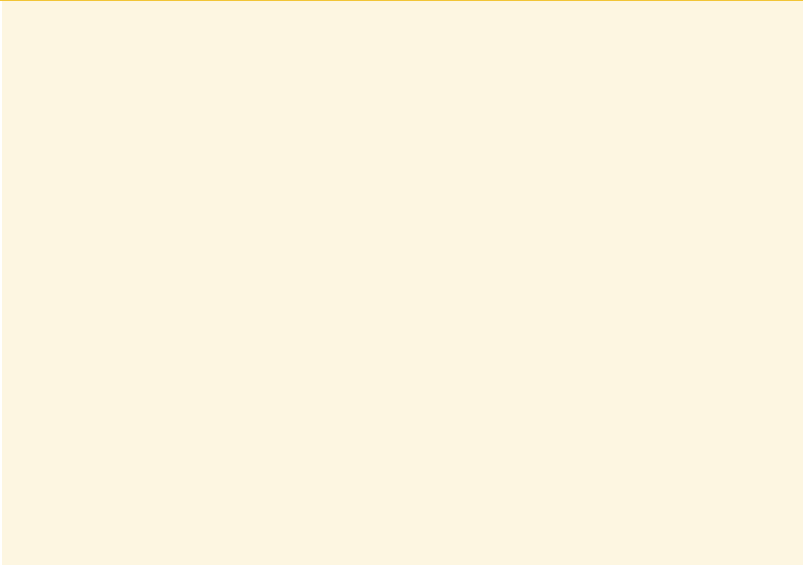
Please Comment

# 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.