



This is my

# Hospital Passport

Name: .....

DOB: .....

NHS number: .....

Address: .....



I have a PAC plan (advanced care plan)

Yes  No

I have an emergency care plan

Yes  No

My hospital passport helps doctors and nurses know all about me.

My passport comes with me when I go to my clinic appointments and if I go to Hospital.

**My passport stays by my bedside and goes home with me.**

Important information about me

I like to be called: .....

My parents/guardians are: .....

.....

.....

.....

My contact phone numbers: .....

.....

.....

.....

Who do I live with?: .....

.....

.....

.....

Important information about me

Who gives consent about my care (parent/guardian)?


My allergies


My spiritual/religious needs

.....

**Important information about me**

 My GP details

 My Hospital Consultants

 Other professionals involved in my care (physio, dietician, SALT, dentist etc.):

 My Social worker is:

## Important information about me



How to communicate with me (first language, PECS etc.):



My breathing (I do/do not have ventilation or oxygen at home):



How do I eat & drink? (Thickenner, cut up, NG) How do you know if I'm hungry/thirsty?



How I take my medicines (crushed tablets, injections, syrup, by mouth, feeding tube):

**Important information about me**



My Medical Conditions:



Surgery I have had (what and when):



How do you weigh, take blood pressure or take bloods on me?:

How to look after me



How do you know if I'm uncomfortable or scared?:



How do I move around? (Wheelchair, hoist, frame etc.):



How is my vision/hearing?

Glasses

Hearing aids



How do I wash / dress?

How to look after me



How to keep me safe? (Supervision need, bed rails etc.)



How do I use the toilet?





How do I sleep? (routine etc.)



Anything else important to me?



My likes and dislikes

<u>Likes</u> 	<u>Dislikes</u> 

## Medicines

Please keep this list up to date, by crossing off any medications when no longer used.

Please re-write medicines when the dose is changed. More medication sheets can be obtained from you consultant’s secretary.

<i>Medication &amp; strength (mg per ml)</i>	<i>Dose (mg or ml)</i>	<i>How many times per day</i>	<i>Route (mouth, NG)</i>	<i>Date started</i>	<i>Date stopped</i>

**Medicines**

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**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**