This is my

Hospital Passport

For people with learning disabilities coming into hospital

My name is:

If I have to go to hospital this book needs to

go with me, it gives hospital staff important

information about me.

It needs to hang on the end of my bed and a

copy should be put in my notes.

This passport belongs to me. Please return it when I am discharged.

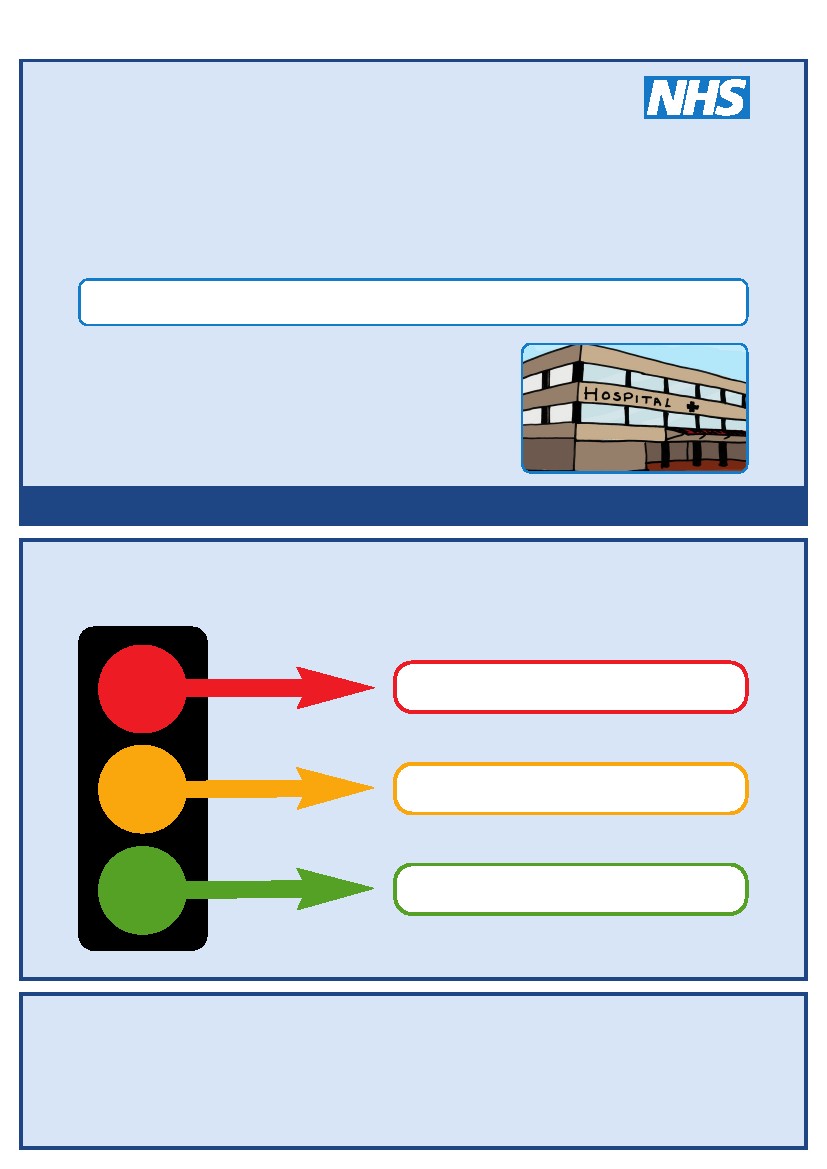
Nursing and medical staff please look at my passport

before you do any interventions with me.

Things you must know about me

Things that are important to me

My likes and dislikes



If I am assessed as lacking the capacity to consent to my treatment the following people must be involved in best interest’s decision making

Name Relationship Contact Details

Name Relationship Contact Details

Name Relationship Contact Details

Name Relationship Contact Details

Mental Capacity Act 2005

Things you must know about me

Name:

Likes to be known as:

NHS number:

Date of Birth:

Address:

Tel No:

How I communicate/What language I speak:

Family contact person, carer or other support:

Relationship e.g. Mum, Dad, Home Manager, and Support Worker:

Address:

Tel No:

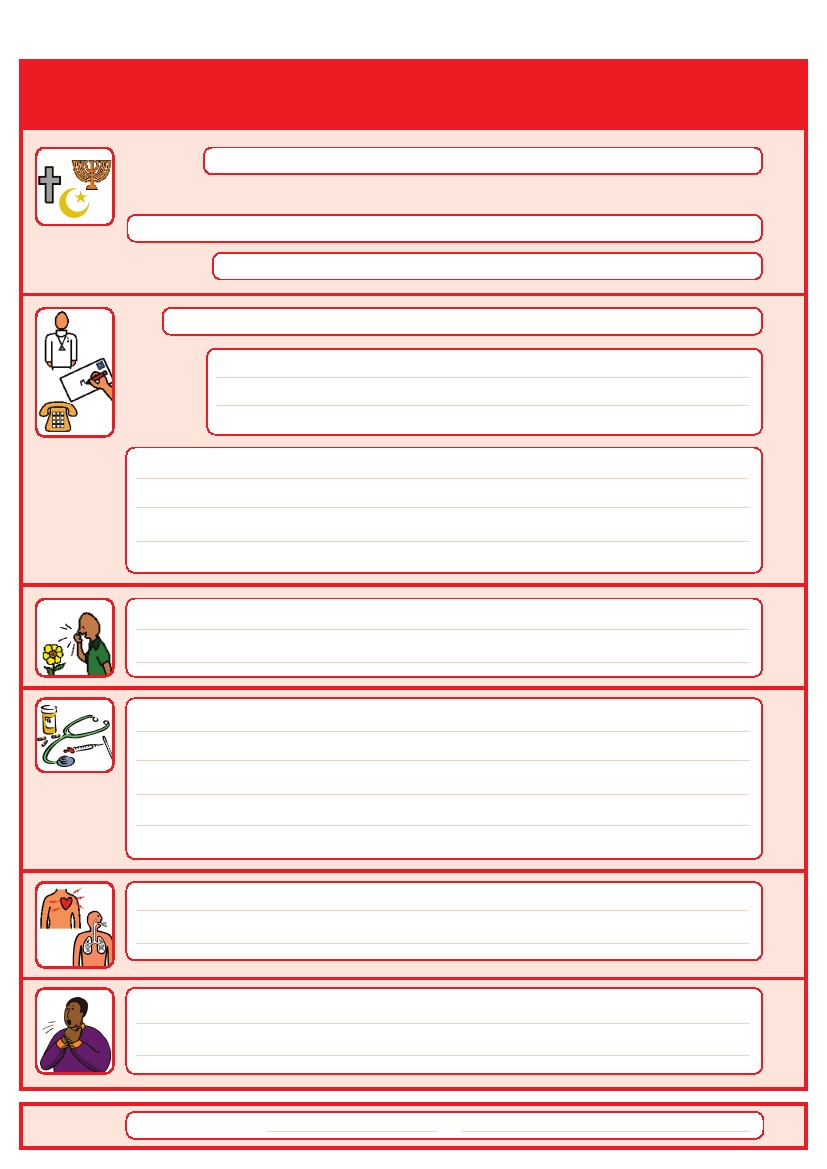
My support needs and who gives me the most support:

My carer speaks:

Date completed

By

1

Things you must know about me

Religion:

Religious/Spiritual needs:

Ethnicity:

GP:

Address:

Tel No:

Other services/professionals involved with me:

Allergies:

Medical Interventions – how to take my blood, give injections, BP etc.

Heart

Breathing problems:

Risk of choking, Dysphagia (eating, drinking and swallowing):

Date completed

By

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Things you must know about me

Current medication:

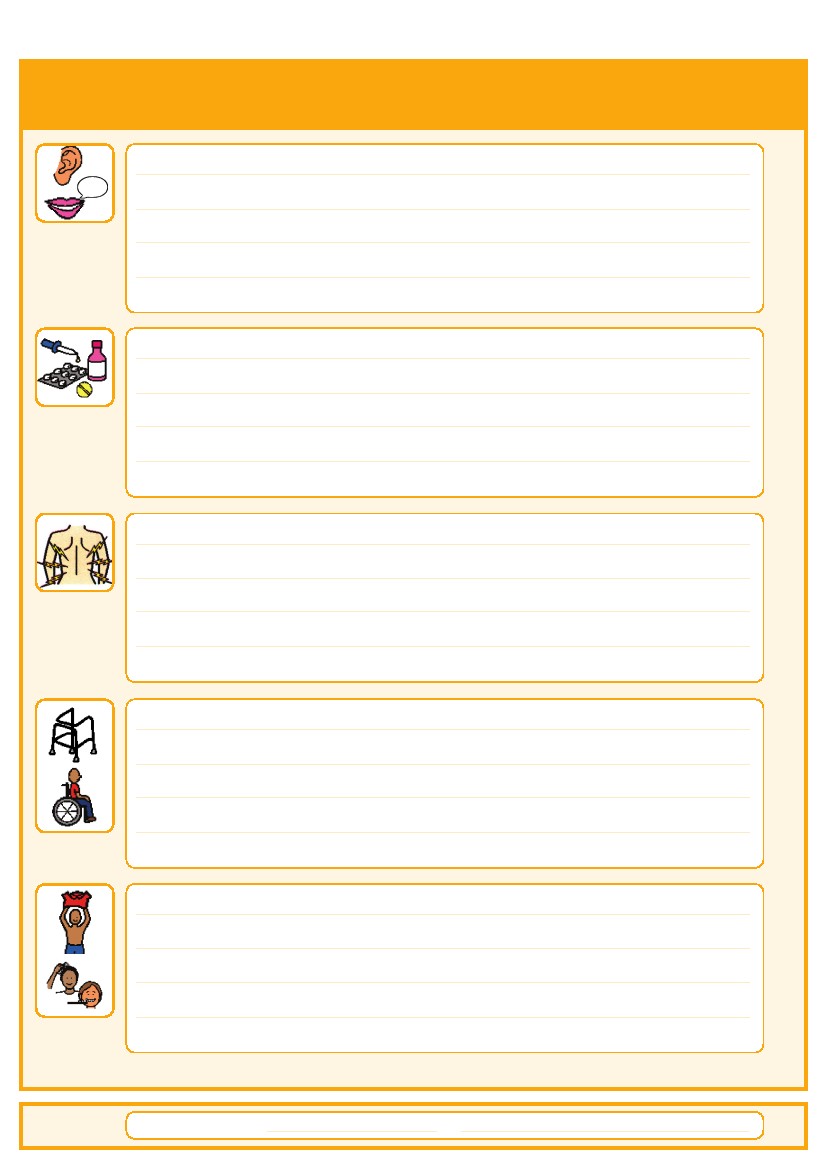
My medical history and treatment plan:

What to do if I am anxious:

Date completed

By

3

Things that are important to me

How to communicate with me:

How I take medication: (whole tablets, crushed tablets, injections, syrup)

How you know I am in pain:

OUCH

Moving around: (Posture in bed, walking aids)

Personal care: (Dressing, washing, etc)

Date completed

By

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Things that are important to me

Seeing/Hearing: (Problems with sight or hearing)

How I eat: (Food cut up, pureed, risk of choking, help with eating)

How I drink: (Drink small amounts, thickened fluids) no problem

How I keep safe: (Bed rails, support with challenging behaviour)

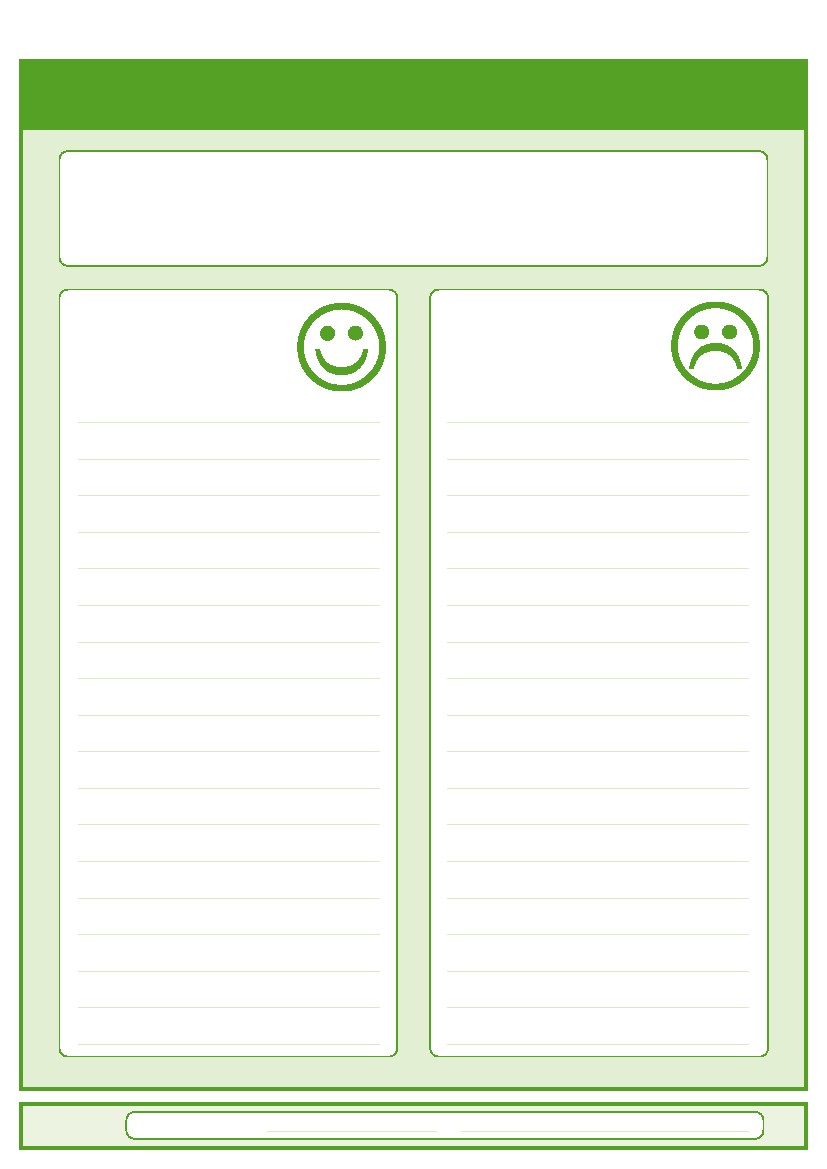
How I use the toilet: (Continence aids, help to get to toilet)

Sleeping: (Sleep pattern/routine)

Date completed

By

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My likes and dislikes

Likes: for example - what makes me happy, things I like to do

i.e. watching TV, reading, music, routines.

Dislikes: for example - don’t shout, food I don’t like, physical touch.

Things I like

Please do this:

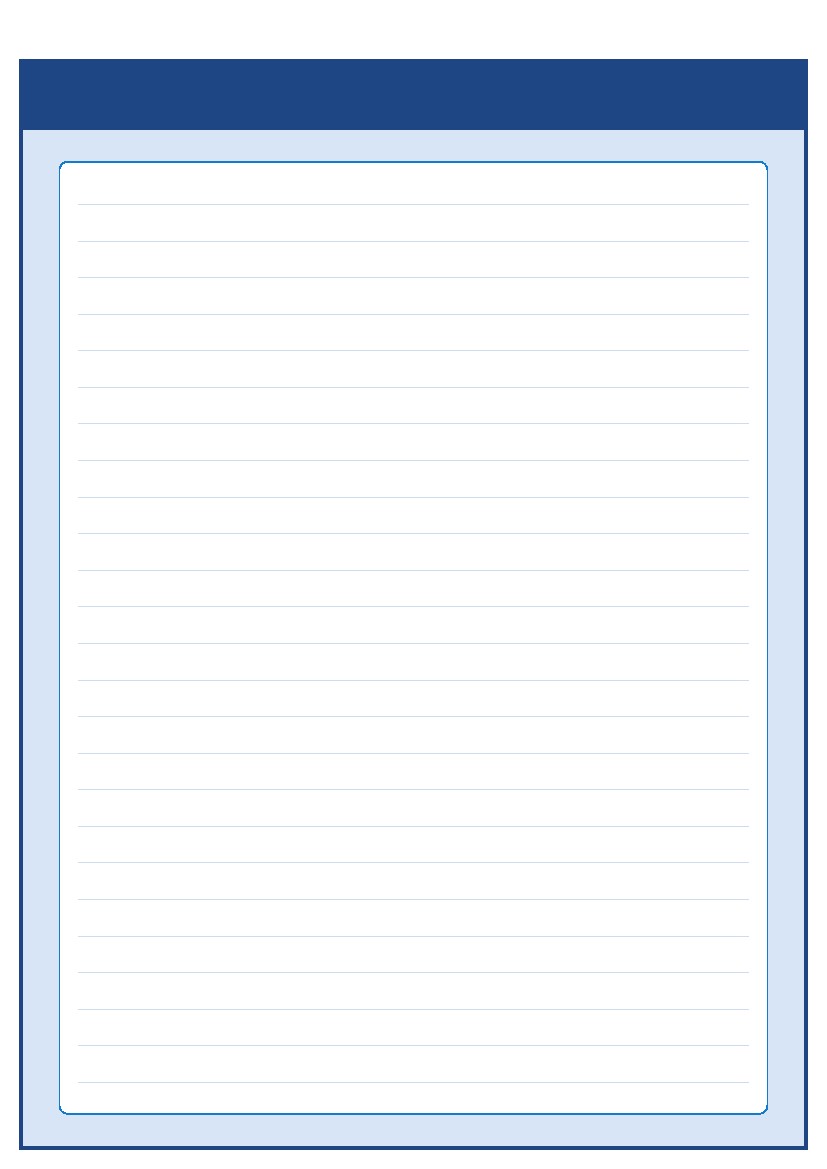
Things I don’t like

Don’t do this:

Date completed

by

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 Notes – including information about my weekly activities

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Contacts and useful websites

Community Learning Disability Teams (CLDT)

Barnet Learning Disability Service

020 8359 6161/6160

BLDS.dutydesk@barnet.gov.uk

Enfield Integrated Learning Disability Team

020 8379 5039

Learning.disabilities@enfield.gov.uk

Hertfordshire Health Access Team

01442 454315

Haringey Learning Disability Partnership

020 8489 1384

Islington Learning Disability Partnership

020 7527 6600

Camden Learning Disability Service

020 7974 3737

www.easyhealth.org.uk

[www.intellectualdisability.info](http://www.intellectualdisability.info)

www.IHAL.co.uk

www.mencap.org.uk/gettingitright

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Please contact your local community learning disability team

if you have any questions about the passport

This Hospital Passport was developed by the South West London Access to Acute Group and based

on original work by Gloucester Partnership NHS Trust.

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