

This is my Hospital Passport

For people with learning disabilities, cognitive impairment or additional communication needs coming into hospital

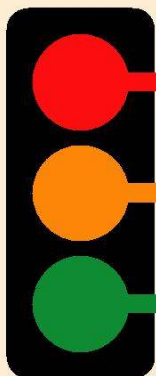
My name is:

➤ 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

Mental Capacity Act 2005

If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interests.

Name

Relationship

Contact details

Name	Relationship	Contact details

Things you must know about me



Name:

Likes to be known as:



NHS number:

Date of birth:



Address:

Telephone number:



How I communicate:



What language I speak:



Family contact person:

Relationship – eg mum, dad:



Address:

Telephone number:

Date completed: By:

Things you must know about me



Carer or other support:

Relationship – eg home manager, support worker:



Address:

Telephone number:



My support needs and who gives me the most support:



My carer speaks:



Religion and religious/spiritual needs:

Ethnicity:



GP:

Address:



Telephone number:

Other services/professionals involved with me – eg social workers etc:

Date completed:

By:

Things you must know about me



Allergies:



Medical Interventions – How to take blood, give injections, BP, etc



Heart / breathing problems:



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

Date completed: By:

Things you must know about me



Current medication (please refer to most recent prescriptions):



My medical history and treatment plan:



What to do if I am anxious:

Date completed: By:

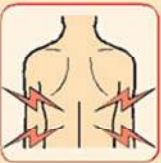
Things that are important to me



How to communicate with me:



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



How you know I am in pain:



Moving around: (posture in bed, walking aids)



Personal care: (dressing, washing, etc)



Date completed:

By:

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)



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:

Things that are important for my eyes

The sight in my right and left eye



Right Eye



Left Eye

- It is ok
 There is a problem

- It is ok
 There is a problem

Please say more here e.g. poor colour vision, poor night vision

Which eye has better sight?

Right

Left

Same

How clearly I can see things



Is this ok?

Good Clear Vision



Is this ok?

Poor Vision



Is this ok?

Double Vision

My glasses – I wear glasses for

- Looking at things near to me
Like reading and looking at mobile phones
- Looking at things further away from me
Like watching TV or looking at a view
- Looking at things both near and far away



Date Completed:

By:

My likes and dislikes

Likes:

for example – what makes me happy, things I like to do, such as 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:

Information for staff

Further information on the Hospital Passport is available from:

Safeguarding Champion within the clinical area or Moorfields Safeguarding Team

To find contact details for Social Care and Community Learning Disability Services locally to where the patient lives, enter their postcode into:

<https://www.gov.uk/find-local-council>

Information for patients

Further information for patients is available from Patient Experience, who offer a free confidential service for patients, their families and carers. Patient Experience can be contacted in a number of ways:

- **Patient Advice and Liaison Team (PALS)**

Moorfields Eye Hospital

City Road

020 7566 2324 or 020 7566 2325

pals@moorfields.nhs.uk

