

My hospital passport

Name:

Photograph

(you do not have to put your photo here if you do not want to)

I understand that this passport is designed to help hospital staff care for me by giving them information about my needs.

More detailed information can be found in my care plan.

Mobility needs

(such as getting out of bed and walking)



Personal care



Sleeping and bedtime



How I communicate

(how I show my needs, feelings and emotions)



Mental health and behaviour



Occupying myself



Safety needs

(how to keep me safe from harm, for example, using bed rails)



Taking my medication



Eating and drinking

(dysphagia and swallowing problems)



Aids and equipment used:

(please circle)



Dentures

Yes

No



Glasses

Yes

No



Hearing aid

Yes

No



Wheelchair

Yes

No



Walking frame

Yes

No

Other information:

(reasons for vulnerability, such as learning disability or dementia)

Personal details:

Name:

What I like to
be called:

Date of birth:

NHS number:

Religion:

Normal weight:

GP name and
phone number

If you need to contact someone who knows me really well, please contact my main carer.

Name of
main carer:

Relationship
to me:

Telephone
number:

SOS information (allergies or
medical conditions)