

# This is my Hospital Passport

For people coming into hospital.

My name is:

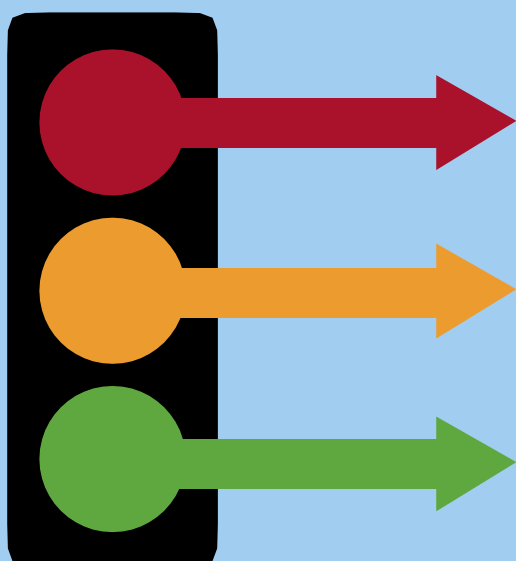


Completed by:

Date:

If I have to go to hospital this book must go with me.  
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**

# Things you must know about me

Name:



I like to be called:



Date of birth:



Address:



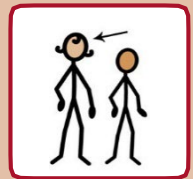
Telephone number:

Family / Next of Kin  
contact person:



Contact details:

My main carer:



Contact details:

My doctor:



Contact details:

I have a Deprivation of Liberty Safeguard (DOLS) in place:



Yes  No

I have a Court of Protection Order in place:

Yes  No

I have a Lasting Power of Attorney for Welfare (LPA):



Finance  Welfare



Other people important in keeping me safe or well:

Name	Role / Profession	Tel. number

Consent - please take into account the five principles of the Mental Capacity Act (2005)

# Things you must know about me

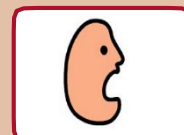
Religion:

and religious needs:

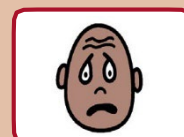


How I communicate:

What language I speak:



What to do if I am anxious and how you can help me cope:



Allergies:



How to take my blood, blood pressure, give injections etc:



Medication:

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



Known medical conditions:

Any risks from choking or seizures or other:



# Things that are important to me

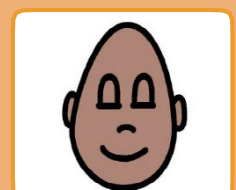
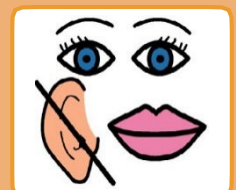
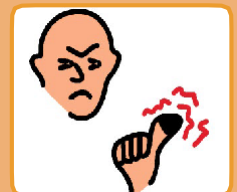
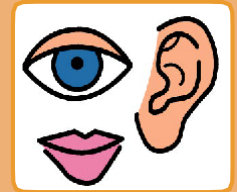
How to communicate with me:

How I will communicate with you:

How to tell if I am in pain:

Problems with my sight and hearing:

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

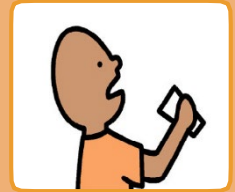


# Things that are important to me

How I eat (risk of choking, help with eating, PEG feeds):



How I drink (small amounts, thickened fluids):



Moving around (posture in bed, type of seat, walking aids):



Personal care (dressing, washing, cutting nails):



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



Sleeping (sleep pattern, routine):



# 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.

**My likes:**

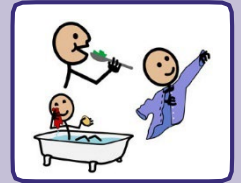


**Things I don't like:**



# My carer

How my carer will help me when I am in Hospital:



My carer's needs:



# Extra information

Any plans I have for end of life care:

# Contact information

**For further support or any questions about the  
Hospital Passport please contact:**

**Learning Disability Liaison Nurses | 0118 322 8159**

**Or contact your local Learning Disability Team:**

**West Berkshire Learning Disability Team (Newbury)**

**Telephone:** 01635 503 551 **Email:** NewburyCTPLD@berkshire.nhs.uk

**West Berkshire Learning Disability Team (Reading)**

**Telephone:** 0118 214 3298 **Email:** ReadingCTPLD@berkshire.nhs.uk

**West Berkshire Learning Disability Team (Wokingham)**

**Telephone:** 0118 904 7196 **Email:** WokinghamCTPLD@berkshire.nhs.uk

This Hospital passport is based on original work by Gloucester Partnership NHS Trust and the South West London Hospital Access to Acute Group and the Southern Health NHS Foundation Trust, Oxfordshire Learning Disability Partnership Board, Oxford University Hospitals NHS Trust and Oxford Health NHS Foundation Trust.

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