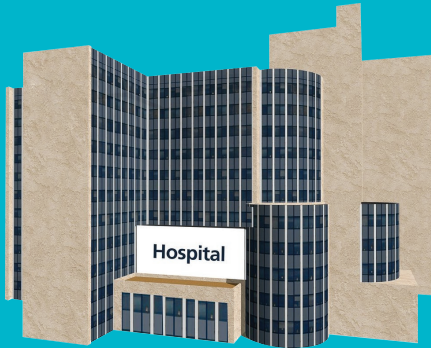


# HSC Hospital Passport



**For people with a learning disability in contact with a general hospital**



**Your Hospital Passport will help to let hospital staff know all about your abilities and needs.**

**This will help them give you better care when you are in hospital.**

**Please ensure that your information is up to date.**

## To staff:

**Please read this regional Hospital Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.**

**Try to make this passport easily available to all staff involved in care.**



**Health and  
Social Care**

# All about me



My name is



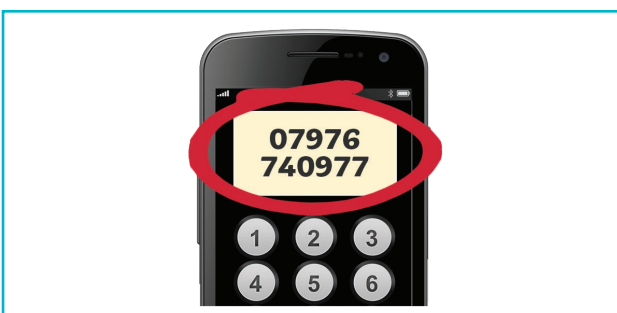
I like to be called



My birthday is (date of birth)



I live at



My telephone number is



**I live with**



**My main carer is**

Name

Telephone number



**Parental responsibility**

(for children under 18 years of age)

Name

Telephone number



**My keyworker is**

Name

Telephone number

# Communication



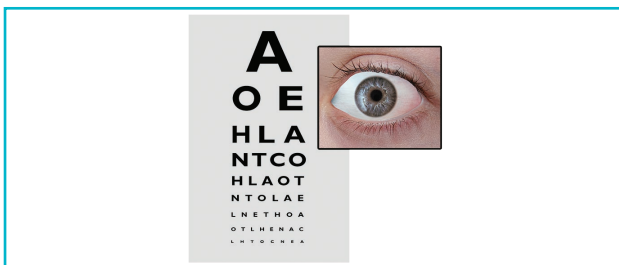
**I communicate by**



**How best to communicate with me**



**Support I need to make decisions**



**My eyesight**



**My hearing**



**What I do if I am afraid or worried**



**How you can support me if I am afraid or worried**



**Things I do if I am sore or in pain**

## Medical history



**Things I am allergic to**



**Other conditions I have** (for example, epilepsy, diabetes, mental illness, high blood pressure)

## Medication



I am on medication

Yes

No

(please bring all your medication to hospital with you)



How I prefer to take my medication  
(in food, with a drink, as a liquid)

## Looking after me



How best to gain my help when  
examining or caring for me



Support I may need with moving  
(in bed, sitting, walking)



Support I may need with eating





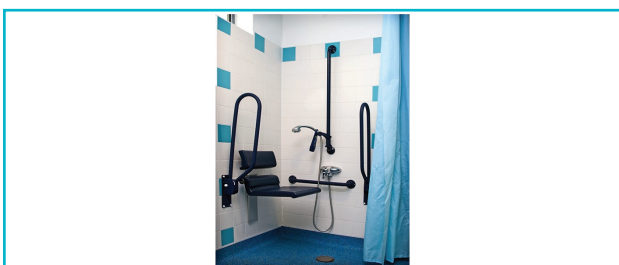
**Help I need with drinking**



**How to reduce my risk of choking  
(if this applies to me)**



**Support I may need with my oral or dental care**



**You can help me with my personal care by**



**Support I may need with using the toilet**

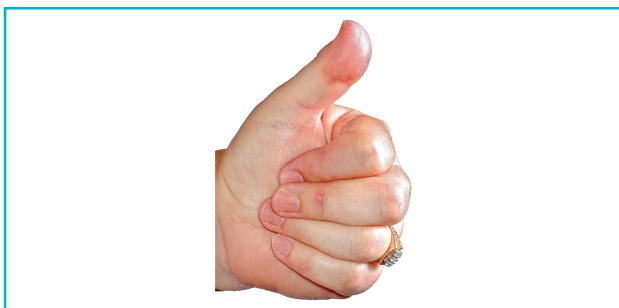


**Things that help me have a good sleep**

# Keeping me safe and happy



**Things that I do or use to keep safe**



**Things I like** (what makes me happy, things I like to do, see or talk about)



**Things I do not like** (what upsets me, things I do not like to do, see or talk about)



**If my behaviour becomes difficult for you, please support me by**

Completed by:

Relationship to client:

Date: