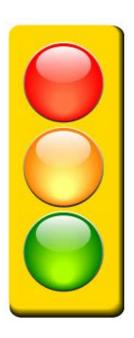


Health Passport



My name is:



If I have to go to hospital or to health appointments this passport needs to go with me, it gives staff important information about me.

All staff that see me should be aware of this passport. Please take the time to read it.

This traffic light assessment belongs to me. Please return it to me when I leave.



My birthday is:



I live at:



My telephone number is:



Things that you must know this about me

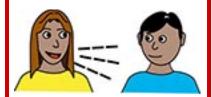
I am happy for you to talk to my family or carers about me.

The best person to speak to is:

You can contact them on:

Communication

How I communicate with you:



How you should communicate with me:

Pain

How you know I am in pain:



Keeping me safe

How you can help me stay safe:



Medication	How I take my medication?	
	I take medication for	
Injections	How you can support me with having an injection or blood test:	
Hamal Market		
Observations	How you can support me when taking my blood pressure and temperature:	
Allergies		
<u> </u>		
Religion	My religion :	
	Specific requests:	



Things that are important to me

If I have to stay in hospital I would like you tell these people.



Name

Relationship



Contact Number



Name

Relationship



Contact Number

Eating and Drinking

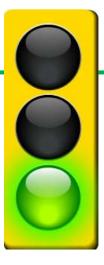




Mobility



Sleeping Going to the toilet Personal care Anxieties Things that might worry me or scare me: Seeing/ Hearing Support Who I need to help me:



Things that I like. Things that I don't' like

These are the things that I like.



These are things that I do not like and things that upset me, or make me angry.



	Other information that yo	ou should know about me.
Completed by Me / My Family /	: / My carer	Date:

Adapted from the Gloucestershire Partnership NHS Trust 'Hospital Assessment form' by Ben Haywood, Acute Liaison Nurse, Harrogate and District NHS foundation Trust

