



# My hospital passport

My name is	

If I need to go to hospital this passport needs to go with me, it provides important info about me to hospital staff. Please display my passport at the end of my bed or the front of my folder where it is clear for all too see.

Things you must know about me

Things that are important to me

My likes and dislikes

	Name		
/	Date of b	irth	
	Address		
<b>A</b>	70	Main carer	
W 200			
	10-01	Contact number	
4 P			
~ £	Known al	lergies	
Diagnosis	– any heai	t or breathing problems	

How I communicate,	<b>(</b> ; <b>→</b> ,1) <b>(</b> ;
e.g. sign language / the language I understand	
How to communicate with me	
Religion	
How you can support me with medical intervention	ons,
e.g. blood taken, injections etc	
	<b>4</b>
How you will know I'm anxious and how you can	help me
,	

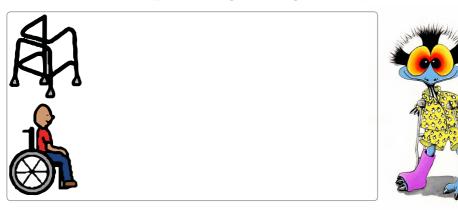






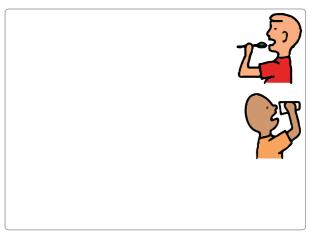
Seeing and hearing – any problems I may have	<b>***</b>
How will you know I am in pain	
How will you know I am happy	
How will you know I am unhappy	

## How I move around (positioning, walking aids etc)



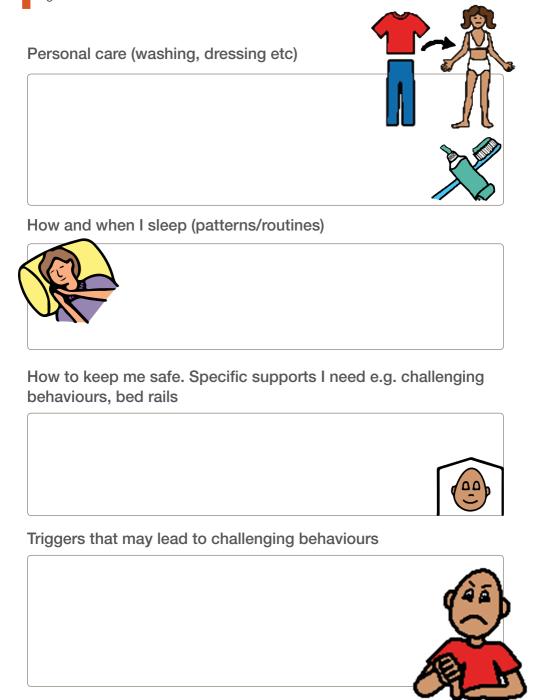
How I eat and drink (help needed/puree diet/tube fed etc)





## How I go to the toilet





### My likes

Things that make me happy, my favourite TV show, music, toy etc



## My dislikes

Things that I do not like or that make me sad or uncomfortable



Other information I think you should know e.g. other services/ professions involved with me



#### **Contact numbers**





Date completed	
Review date	

This document can be made available in alternative formats on request.

## **Fiona Stanley Hospital**

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