My Hospital Passport

Put a photo

of me here

My full name is: _____

I like to be called: _____

I live with: _____
(house-mates, parents, co-resident)

Hours of staff help I get each day: _____

Who to contact if you want to know more about me:

Name: _____

Phone numbers: _____

Allergies: _____

Drugs that I must not have: _____

When I go to hospital this book must go with me.

All people who work at the hospital must read this book before they help me.
This book tells people important things about me.

This book should be kept at the end of my bed.

Please give my hospital passport back to me when I leave hospital to go home.

Who filled in this form: _____

Please sign your name here: _____ **Date:** _____

Things you must know about me

How do I tell you things about me?
(signing, pictures, communication device)

How do I show other people that I know what they are saying?
(how do I say Yes and No)

How do I show other people how I feel?

How do I show I am in pain and how can you help me?

How do I take medicine?
(one tablet at a time, on a spoon, syringe)

How should you me help me when I need treament?
(Taking temperature, blood pressure, blood test, injections)

Things you must know about me

What help do I need to eat and drink? (cut up or liquidised, risk of choking, special equipment, filling out menus)

What do I wear to help me see or hear?
(glasses, hearing aid)

What am I like on a good day?
(sleep a lot, very quiet, talk a lot)

When I am feeling worried or upset, how can other people help me relax and feel happier?

What things can other people do to help me stay safe?
(wandering away, falling out of bed)

What do other people need to do if I behave in ways they do not like? (yelling out, grabbing, thrashing about)

Are there any other important things?
(advanced care decision, other allergies, recent trauma/grief)

Things that are important to me

Who are the important people in my life?
(Family, friends, staff member)

Who needs to stay with me in hospital and how much do they need to stay?

How much help do I need to go to the toilet?
(continence aids, handwashing reminder)

Do I need help to have a shower and get dressed?
(teethcleaning, shampoo hair, cut nails)

Do I need help to move about?
(posture in bed/chair, wheelchair, frame)

What can other people do to help me sleep?
(sleep pattern, routine, toy for children)

Things I like and don't like

What things do I like?
(food, drinks, clothes, TV shows, music)

What things don't I like?
(food, drinks, noises, places, ways people behave)

Further Notes

This Hospital Passport was made by Developmental Disability WA.
To make changes please phone us (08)9420 7203 or send an email to ddwa@ddwa.org.au