

This Is My Hospital Passport



For Individuals Affected By Microcephalic Primordial Dwarfism

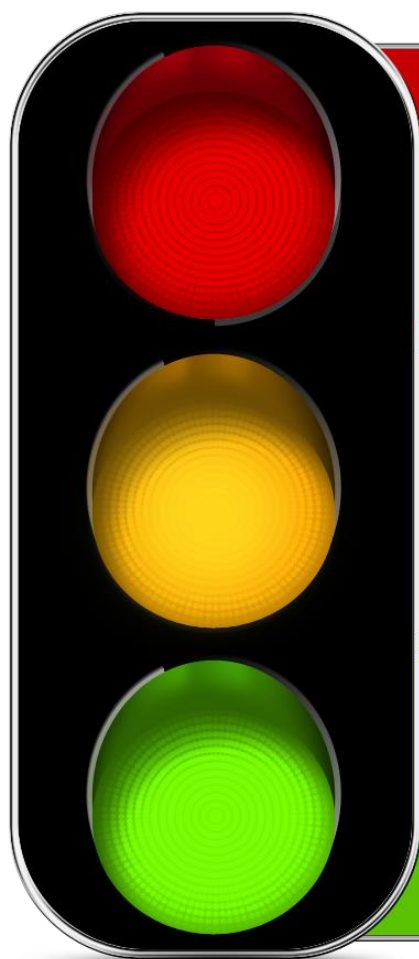
If I have to go to hospital
this book needs to
go with me, it gives hospital
staff important
information about me.

It needs to hang on the end
of my bed and a
copy should be put in my
notes.



Please consult this passport before you assess me or
carry out any interventions.

This passport belongs to me. Please return it when I am discharged.



Things You Must Know About Me.

Things That Are Important To Me.

Things I Like And Dislike.

Nursing and medical staff please look at my passport

My Personal Details

My Name Is:	
I Like To Be Called:	
My Date Of Birth Is:	
My Age Is:	
My NHS Number Is:	
My Address:	
Telephone Number:	Landline: Moble:
How I Communicate / What Language I Speak:	

My Family / Support Contact Details

Family Contact Person, Carer Or Other Support:	
Relationship e.g. Mum, Dad, Home Manager, Support Worker:	
Their Address:	
Telephone Number:	Landline: Moble:
How Do They Communicate / What Language Do They Speak:	

Completed By

Name:	
Date:	

Things You Must Know About Me

Religion:	
Religious/Spiritual Needs:	
Ethnicity:	
GP:	
Address:	
Telephone Number:	
Other Services/Professionals Involved With Me:	
Allergies:	
Medical Interventions – How To Take My Blood, Give Injections, BP, X-Rays etc:	
Heart Problems:	
Breathing Problems:	
Risk Of Choking, Dysphagia (Eating, Drinking And Swallowing):	

Completed By

Name:	
Date:	

Things You Must Know About Me (Continued)

Current Medication:

**My Medical History And
Treatment Plan:**

What To Do If I Am Anxious:

Completed By

Name:

Date:

Things That Are Important To Me

How To Communicate With Me:

How I Take Medication (Whole Tablets, Crushed Tablets, Injections, Syrup):

How You Know I Am In Pain:

Moving Around (Posture In Bed, Walking Aids):

Personal Care (Dressing, Washing, etc):

Completed By

Name:

Date:

Things That Are Important To Me

Seeing/Hearing (Problems With Sight Or Hearing):

How I Eat (Tube Fed, Food Cut Up, Pureed, Risk of Choking, Help With Eating):

How I Drink (Nil By Mouth, Drink Small Amounts, Thickened Fluids):

How I Keep Safe: (Bed Rails, Support With Challenging Behaviour):

How I Use The Toilet (Continence Aids, Help To Get To And On/Off Toilet):

Sleeping (Sleep Pattern/Routine):

Completed By

Name:

Date:

My Likes And Dislikes

Please lists things below that you like or dislike.
Some examples are:

Likes: What makes me happy, things I like to do
i.e. watching TV, reading, music, routines.

Dislikes: Don't shout, food I don't like, physical touch.



Things I Like
Please Do This:



Things Like!
Please Don't Do This:

Completed By

Name:

Date:

Notes