



East Kent
Hospitals University
NHS Foundation Trust

My Healthcare Passport

Date Completed

Date Reviewed

People who care for my health please read

Guide notes for using the passport:

This passport has been designed for use with people with learning disabilities in hospital, but can be used for other people and other situations.

The use of the passport is important for identifying possible problems quickly.

In hospital it should be given to patients when they come into accident and emergency (A&E), pre-assessments and outpatients by hospital staff.

Patient and carers should complete the passport and share the information with the health professional.

This information can then be shared with each health professional in the hospital.

There are many other hospital passports which East Kent Hospitals will accept.

We are testing this passport and would like your feedback. Have you used it? What was good about it? What would you change about it? Ring Anette Clarke on 07795834239 or email ekh-tr.safeguardingadults@nhs.net

To download a new copy, go to www.ekhuft.nhs.uk/learningdisabilities

Further patient information leaflets
In addition to this leaflet, East Kent Hospitals has a wide variety of other patient information leaflets covering conditions, services, and clinical procedures carried out by the Trust.
For a full listing please go to www.ekhuft.nhs.uk/patientinformation or contact a member of staff.

My Information

Hi!

Attach photo here

Name

I like to be called



Date of Birth



Address

Has a mental Capacity Assessment been considered?

NHS Number

Social Services Number

My Information

Hi!

If you would like to find out more about me

Family Member Name



Address



Telephone Number

For further information please contact

Name

They are my

Care worker

Carer

Friend

Family

Support worker



Telephone Number

Ever been subject to the Mental Health Act or Deprivation of Liberty Safeguards

Yes

No

Lasting Power of Attorney

Yes

No

If Yes, Health and Welfare

Property and Financial

My GP

GP Name

Address

Telephone

My Spirituality

I have a Faith

Yes

No

This means I would like



**My Disabilities or
Impairments**

A large, empty light blue rectangular area intended for the user to provide information about their disabilities or impairments.

**This person can help
with paperwork**

A large, empty light blue rectangular area intended for the user to provide information about a person who can help with paperwork.



My Allergies and Medication

I am allergic to

--

My Medications

Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	



My Medications Continued

Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	
Name:	
Dose:	
How often:	
Route/Form:	

PRN Medication



Large empty light blue rectangular area for notes or information.

Notes on Medication

Large empty light blue rectangular area for notes or information.

(Fear of needles, behaviour that challenges etc)



Recent Medical History (such as the last time I was in hospital, were there any issues or long-term conditions?)

A large, empty rectangular area with a light blue gradient background, intended for entering medical history information.



End of life plan in place

Yes

No

If yes please give details here

Discharge / Going Home

I'll need a discharge planning meeting

Yes

No

If a Discharge Planning or Best Interests Meeting is needed, I want these people to help me and attend the meeting



Is there specific aftercare required?

More about me

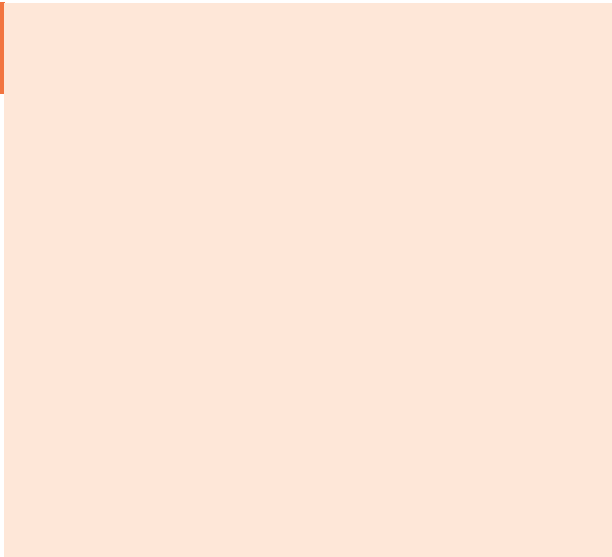
How I would like you to communicate with me

- Involving someone else
- Easy Read Information
- Communication Book
- Pictures
- Drawing
- Signing/Makaton
- Signing and talking
- Speaking directly to me
- Look me in the face

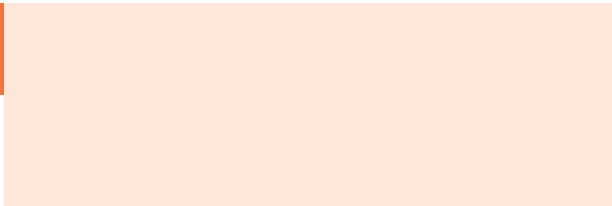
More about me

- Smiling Kindly
- Speaking Louder
- Gentle Tone
- Use Simple Language

Notes

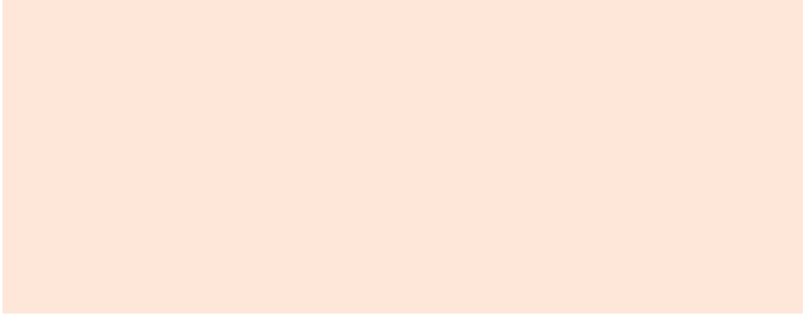


Something important to me

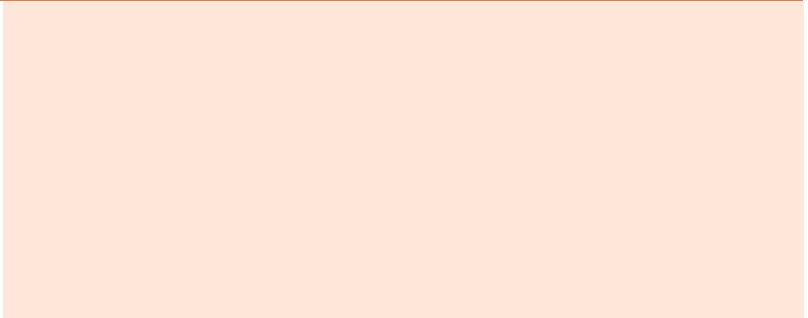


More about me

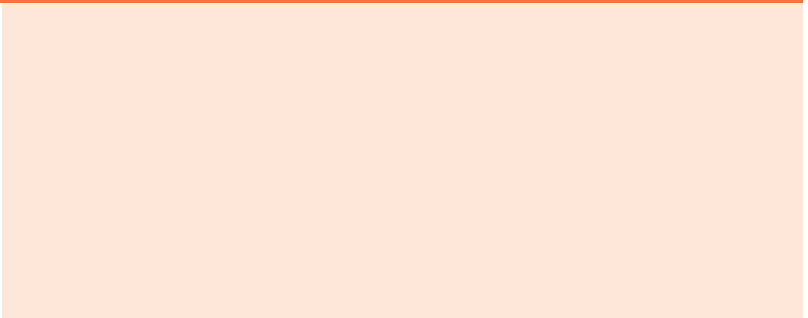
How I communicate with you for: **wants and needs**



How I communicate with you for: **hunger and thirst**

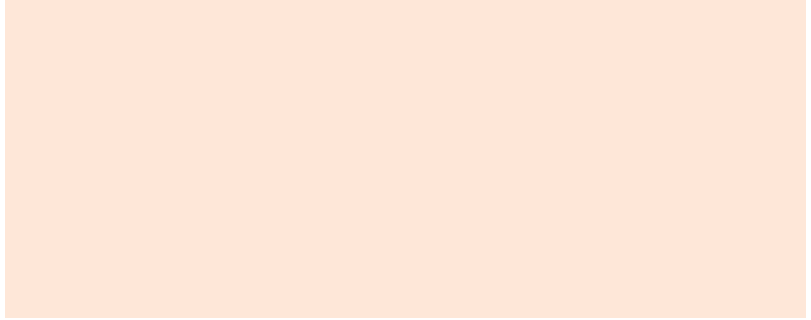


How I communicate with you for: **pain**

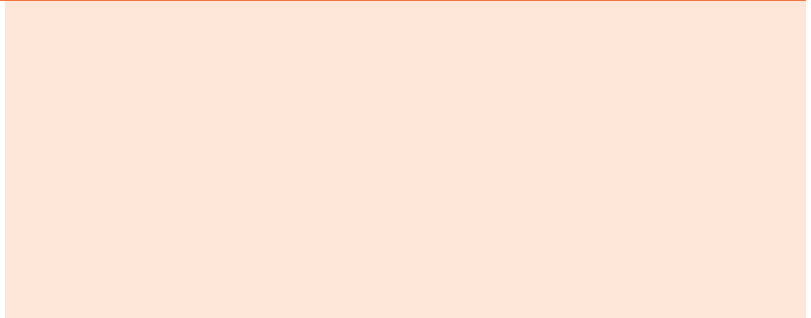


More about me

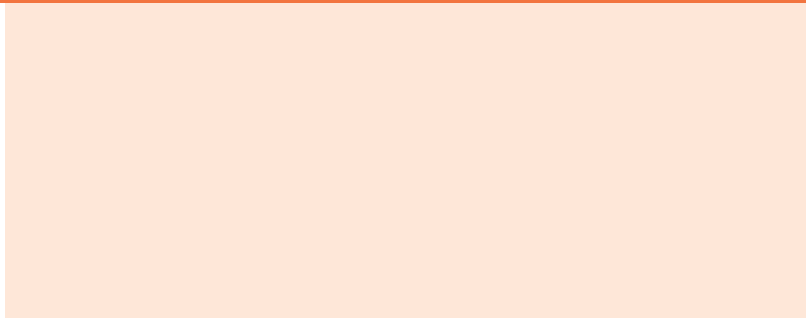
How I communicate with you if I am happy



How I communicate with you if I am sad



How I communicate with you if I need the toilet



More about me

How to support me if I'm anxious, worried, or upset

Behaviours I have that may be challenging or cause risk to myself or others

What you can do to support me with my behaviours
- things that help me relax

Keeping me safe

- do I wander?
- could I fall out of bed?

More about me

Things I like to do
that would help
me to be happy in
hospital



A large, empty rectangular area with a light orange background, intended for writing or drawing responses to the question above.

Things I don't like
that would make
me sad in hospital



A large, empty rectangular area with a light orange background, intended for writing or drawing responses to the question above.

More about me

What support is needed with dressing and undressing

What support is needed walking around

What support is needed getting in and out of bed

What support is needed eating and drinking

Please state any dietary requirements

More about me

What support is needed for sitting

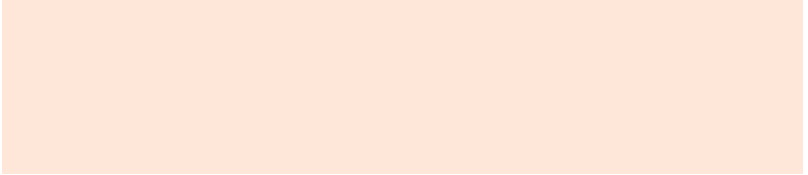
What support is needed for standing

Do you need support from a mobility aid?

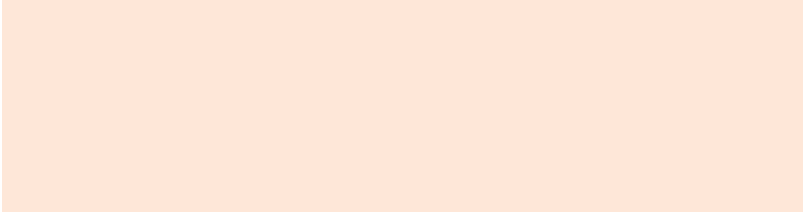
What support is needed with personal care

More about me

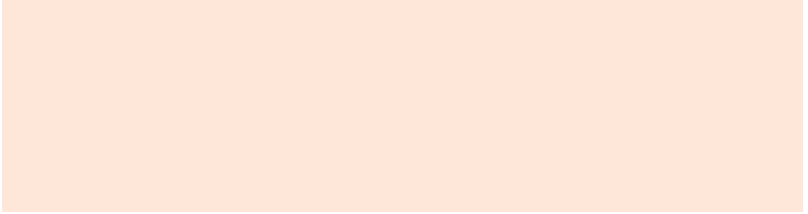
What support is needed with brushing my teeth



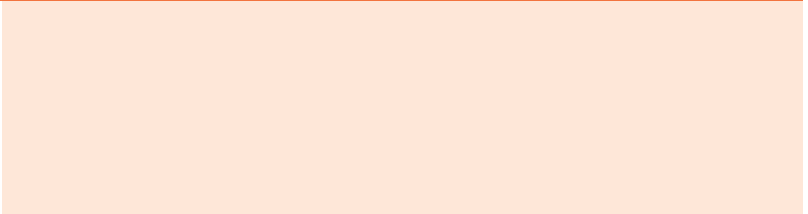
What support is needed with sleeping



What support is needed using the toilet



What support is needed with bathing/washing hair



My Carers/Care Workers

I currently have

hours a day one to one care

Which is

hours a week

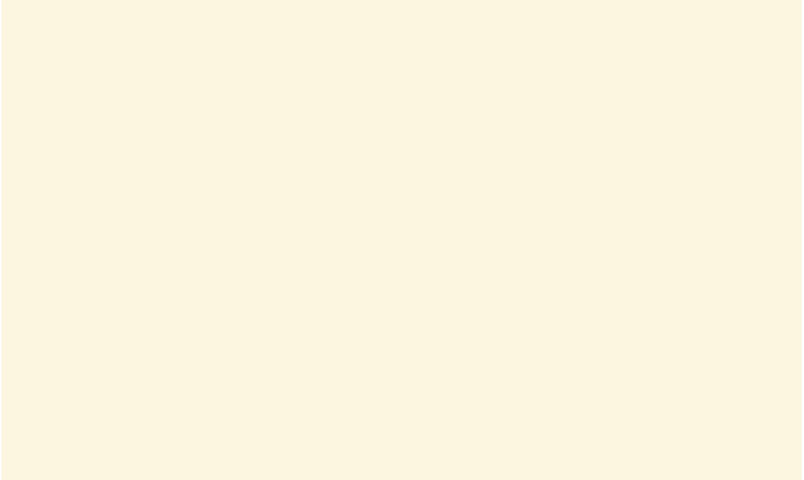
These would be best used in hospital at

If I was in hospital again these things helped me

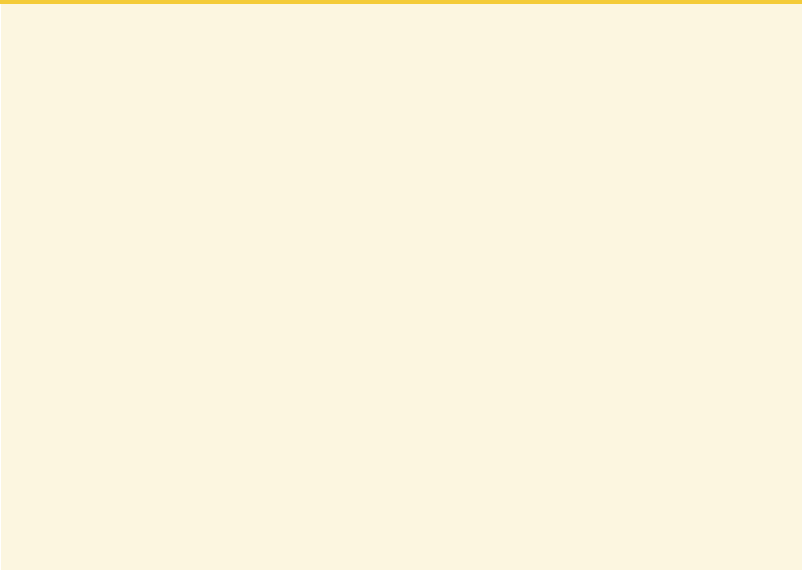
Please Comment

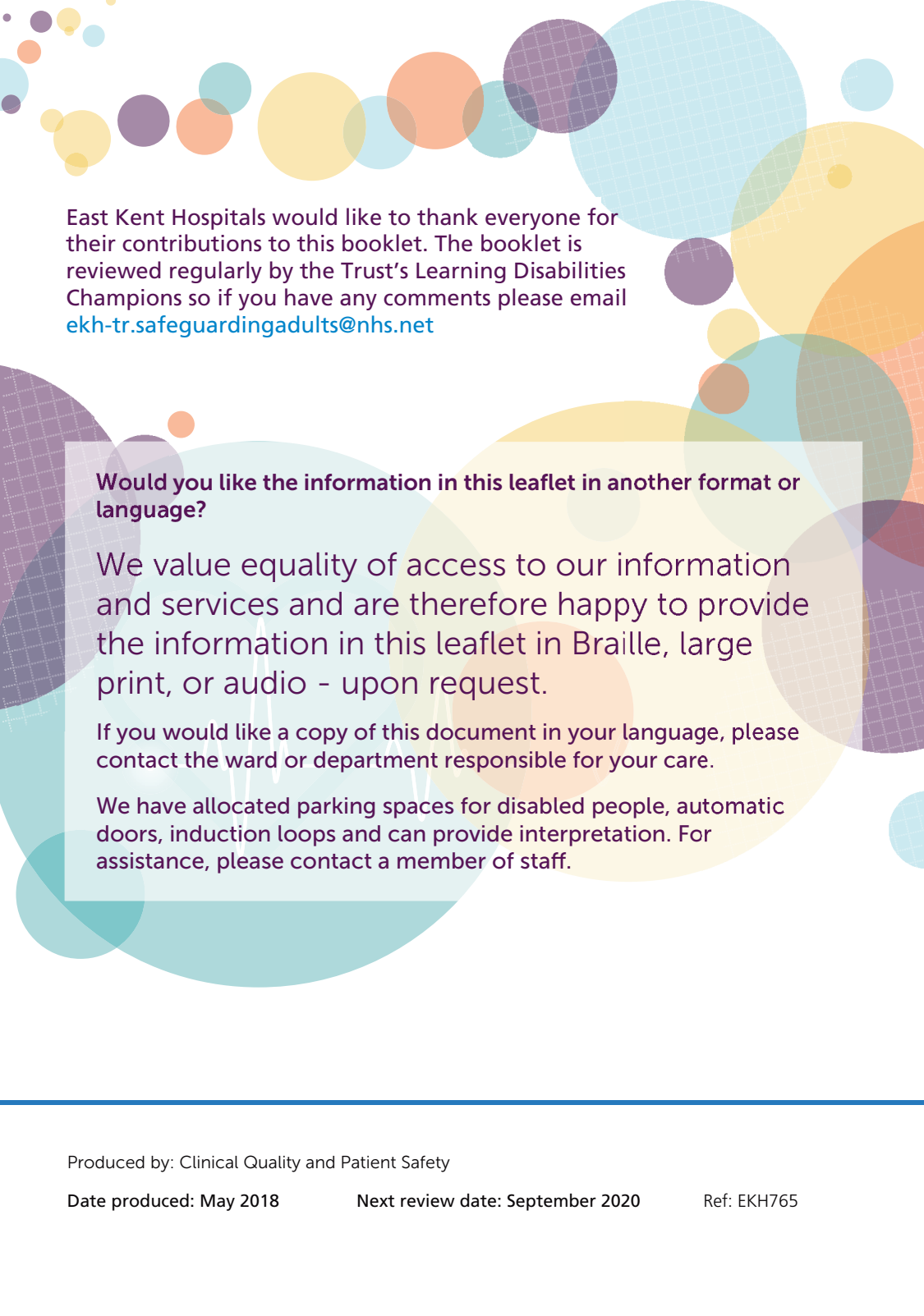
My Carers/Care Workers

Other agencies/professionals that are working with me



Additional Information





East Kent Hospitals would like to thank everyone for their contributions to this booklet. The booklet is reviewed regularly by the Trust's Learning Disabilities Champions so if you have any comments please email ekh-tr.safeguardingadults@nhs.net

Would you like the information in this leaflet in another format or language?

We value equality of access to our information and services and are therefore happy to provide the information in this leaflet in Braille, large print, or audio - upon request.

If you would like a copy of this document in your language, please contact the ward or department responsible for your care.

We have allocated parking spaces for disabled people, automatic doors, induction loops and can provide interpretation. For assistance, please contact a member of staff.