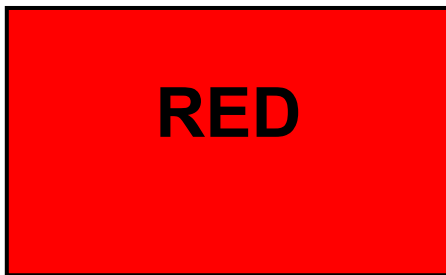


# “The Patient Passport”



This gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

**Make sure that all the staff who look after you read it.**

Note for Staff - remain the Men-

Hospital Please ber the 5 points in tal Ca-

capacity Act (2005)

# RED - ALERT

Things you MUST know

about me

**Name:**

Male

Female

Organ Donor

*Prefers to be called:*

Do you need an interpreter? Yes  No

**NHS No.:**

**Address:**

**Tel No:**

**Date of Birth:**

**Doctor:**

**Address:**

**Tel No:**

**Next of Kin:**

**Relationship:**

**Tel No:**

**Relevant Person/Carer:**

**Tel No:**

**Other Professional/Advocate:**

**Tel No:**

**Religion:**

**Religious preferences:**

Is there anyone you would like hospital staff to talk to about your treatment? Yes  No

Is there anyone you would like to help you with your care whilst you are in hospital?

(e.g. carer, parents — add names here)

Yes  No

## MEDICAL HISTORY

Have you got problems with any of the below:

**Blood Pressure**

**Swallowing**

**Mobility/Falls**

**Diabetes**

**Epilepsy**

**Dementia**

**Heart**

**Skin Integrity**

**Thyroid**

**Breathing**

**Anxiety** (behaviour)

Other:

**Bladder/Bowels**

**Hearing**

Please list:

**Allergies**

**Vision**

**If any of the above ticked please give details:**

**Current Medication:**

(Please bring along your MARS Sheet if possible)













**Brief medical history:**

Completed by:..... Date:.....

# AMBER – ALERT

This is a signpost  
to further  
information

## Things that are really important to me

<p><b><u>Communication</u></b> How to communicate with me and how I communicate with you.</p> 		<p><b><u>Taking medication</u></b> Crushed tablets, injections, syrup; how to take my blood.</p> 	
<p><b><u>Information Sharing</u></b> How to help me understand things.</p> 		<p><b><u>Pain</u></b> How you know I am in pain</p> 	
<p><b><u>Seeing/Hearing</u></b> Problems with sight or hearing</p> 		<p><b><u>Sleeping</u></b> Sleep pattern, sleep routine, sleep system.</p> 	
<p><b><u>Eating/Drinking (Swallowing)</u></b> Food cut up, small amounts, choking, help with feeding, PEG Management plan, feeding aids.</p> 		<p><b><u>Being safe</u></b> Bedrails, posture, supporting behaviour, absconding.</p> 	
<p><b><u>Going to the toilet</u></b> Continence aids, help to get to the toilet, assistance, bowel frequency</p> 		<p><b><u>Personal Care</u></b> dressing, washing etc</p> 	
<p><b><u>Moving around</u></b> Posture in bed, hoists/slings, walking aids.</p> 		<p><b><u>Level of support</u></b> Who needs to stay and how often.</p> 	

# AMBER – ALERT



This is a signpost  
to further  
information

	<b>Further Plans in place</b>
My <b>Preferred Priorities for Care</b> should my physical health get worse. How and where I would like to be looked after:-	<input type="checkbox"/>
I have a <b>Lasting Power of Attorney (LPA)</b> - Yes <input type="checkbox"/> No <input type="checkbox"/> My <b>Lasting Power of Attorney relates to</b> ( <i>please tick one</i> ):- <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Health Welfare and Treatment <input type="checkbox"/></span> <span>Finances <input type="checkbox"/></span> <span>Both of these <input type="checkbox"/></span> </div>	<input type="checkbox"/>
I have an <b>Advance Decision</b> ( <i>please tick one</i> ) Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

# GREEN

## LIKES / DISLIKES

**Things that will make a difference to me during my stay in hospital**

 <h3 style="margin: 0;">THINGS I LIKE</h3>	 <h3 style="margin: 0;">THINGS I <u>DON'T</u> LIKE</h3>
<p><b>Think about</b> – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.</p>	

Completed by:..... Date:.....