



# Hospital Passport (About me )

**My name is :**

**Hospital Number:**

**Preferred name:**

**The most important person / people to me are:**

**Cultural / religious and Spiritual background:**

**I use hearing aids: left ear / right ear**

**Dentures :**

**I wear glasses or (Please tick ) Reading**  **Always**

**How I communicate :**

**Special diet: No / Yes Diabetic etc**

**What do I eat: (mashed, Puree, cut small, cooled, support or special equipment needed)**

**Favorite Drink: sugar: Yes /No /Amount**

**How I drink: (small amounts, thickened, cooled, other) and assistance ?**

**My interests/ work / family:**

**Mobility :**

**Things that worry or upset me :**

**What can help make me feel better if I am anxious or upset:**

**Things that help me sleep:**

**How I take my medication:**

**Date ..... By ..... Update each admission**

