

# My Hospital Passport



**Private so you must ask me before you look at it**

A Hospital Passport has information about me,  
my health and my care needs.



My full name:

I like to be called:

My picture

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**This booklet contains important  
information for health staff**

# About Me



I live at:



My telephone number is:



My date of birth is:



My next of kin is:

Name:

Address:

Telephone number:



I often have support from another person:

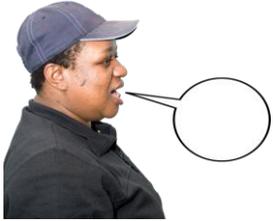
Name:

Address:



Telephone number:

# Communicating



I can speak and I understand speech:

Yes  No



I can read:

Yes  No



I can write:

Yes  No



I use different ways to communicate:

Yes  No

Here are some ways to help me communicate:

# The Learning Disability Health Liaison Team



There is Specialist Learning Disability Staff team at this hospital.



Please telephone the hospital and ask for the Learning Disability Liaison, who will help with any problems in the hospital.

Worcestershire Royal: 01905 763333

Alexandra at Redditch: 01527 503030

Kidderminster: 01562 823424



Liaison Nurses:

Kay Dalloway: 07918 748469



Jane Bullock: 07767 442222



Hospital Carer Champion: You can ask your ward about who your Carer Champion is.

Hospital Patient Experience Team:

Tessa Mitchell: 01905 760783

# Making Decisions about your Health



Hospitals have rules they must follow to make sure that people can make decisions about their own health.

There are also rules about what to do when some decisions are too complex or difficult for a person to make.

The rules are called the **Mental Capacity Act**.

The Mental Capacity Act has 5 main rules.



1. Everyone is able to make their own decisions, unless there is proof they cannot.



2. Doctors and nurses have to give you the information you need to make the decisions.

They have to try to give you the information in a way you can understand.

They should ask your family or carers to help.



3. If making the decision is too difficult, the doctors and nurses must make a decision for you.

They must listen to the people who know you well.

Together they must choose what they think you would choose if you could.



4. If you can understand all the information, you are allowed to make a decision that may not seem wise.



5. If other people make the decision for you, they must choose the option which least restricts your rights.



**Speak to the Learning Disability Health Liaison Team for more information or help.**



**I need support from another person when I make decisions and understand information about my health.**



**Name:**

**Address:**

**Telephone number:**

# About my health



I am allergic to or I react badly to:



I have these health problems:



I take regular medication, the details are:



I need help taking my medicine:

Yes

No

Please help me by:



I have an epilepsy management plan:

Yes  No



I show I am in pain or unwell by:



I need help with eating drinking and diet:

Yes  No



I have an eating and drinking plan:

Yes  No



I need help when I go to the toilet:



I need help getting around:



I need help with my posture:



I need help keeping safe:



I need help at night:



I have a Health Action Plan:

Yes  No

Please ask me or my carers to show you.

Where I keep my Health Action Plan.

# About when I am in hospital



Things that make me feel more comfortable in hospital:



Things that make me feel uncomfortable or upset in hospital:



Please do not:

# About people who help with my health

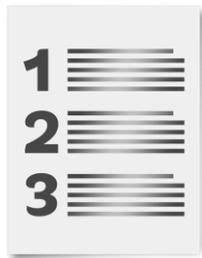


	<p>My doctor is:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>
	<p>Someone who helps me to get health services is:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>
	<p>My Community Learning Disabilities Team worker is:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>
	<p>My Lasting Power of Attorney is:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>
	<p>Another person who helps me with my health is:</p> <p>Job title:</p> <p>Name:</p> <p>Address:</p> <p>Telephone number:</p>

# Anything else we need to know about you



Use this space if you need to write more information about anything in this booklet.



List here anything else you think the doctors and nurses at the hospital need to know about you.



I do not speak English. I need help with translation:

Yes

No

Staff please sign and date once you have read through this document with the patient.

Signed by \_\_\_\_\_

Date \_\_\_\_\_

