My Health Passport

If you are a *health care professional* who will be helping me,

PLEASE READ THIS

***before* you try to help me with my care or treatment.**

My full name is: _____

I like to be called: _____

Date of birth: ____/____/_____

My primary care physician: _____

Physician's phone number: _____

Attach your picture here!

This passport has important information so you can better support me when I visit/stay in your hospital or clinic.

Please keep this with my other notes, and where it may be easily referenced.

My signature: _____ Date completed: ____/____/_____

You can talk to this person about my health: _____

Phone number: _____ Relationship: _____

I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/ support is needed)

_____

_____

_____

_____

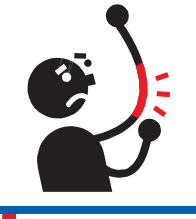
My brief medical history: (include other conditions (e.g. visual impairment, hearing impairment, diabetes, epilepsy) past operations, illnesses, and other medical issues)

My current medications are:

-
-
-
-
-
-

When I take my medication, I prefer to take it: (e.g. with water, with food)

I am allergic to: (list medications or foods, e.g. penicillin, peanuts)



If I am in pain, I show it by: (also note if I have a low/high pain tolerance)

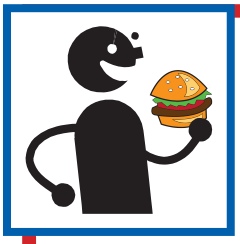
If I get upset or distressed, the best way you can help is by: (e.g. play my favorite music)

How I cope with medical procedures: (e.g. how I usually react to injections, IV's, physical examinations, x-rays, oxygen therapy—also note procedures never experienced before or in recent years)

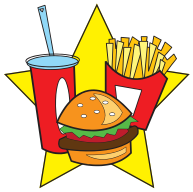
My mobility needs are: (e.g. whether I can transfer independently, devices I use, pressure relief needed)

When getting washed and dressed, you may assist me by:

When drinking, you may assist me by:



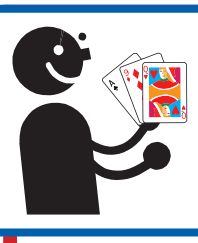
When eating, you may assist me by:



My favorite foods and drinks are:

I do not like to eat or drink the following:

I am very sensitive to: (specific sights, sounds, odors, textures/fabric, etc. that I really dislike, e.g. fluorescent lights, thunderstorms, bleach, air freshener)



Things I like to do that will help pass the time:

How to make future/follow-up appointments easier for me:

(e.g. give me the first/last appointment of the day, allow extra time for the appointment, let me visit before my appointment, give information to my caregiver, etc.)

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treat me right!
www.supportforliving.org.uk

This passport was adapted with permission from the "*About Me—My Hospital Passport*" from the Treat Me Right campaign.