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| **Hospital Passport**  **To be completed by individual (with help if needed) before coming into hospital**  **Call BRI Hospital Learning Disability Liaison Nurses: 0117 342 1707** | | | |
| **My name is:**  **I would like you to call me:** | | **My date of birth:** | |
| **My address:** | | **My NHS number:** | |
| **My telephone number:** | |
| [Image result for religion](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwium9nrppvjAhUE9BoKHciKCX0QjRx6BAgBEAU&url=https://www.rifemagazine.co.uk/2017/12/do-young-people-care-about-religion/&psig=AOvVaw23FSrizkRrFVKca6nh-_HD&ust=1562331047548995)**My religion:** | | [Image result for language symbol](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwipyPT2rJvjAhWox4UKHZRPA0cQjRx6BAgBEAU&url=https://www.iconfinder.com/icons/2971643/ethnicity_international_language_translate_translating_translation_translator_icon&psig=AOvVaw0dvJViDaKVjWZt0TnXdh8d&ust=1562332674689939)**My preferred language:** | |
| **My closest family/representative:**    **Their relationship to me:**  **Their address:**  **Their telephone number:** | | | |
| **My GP:**  **My GP telephone number:** | | | |
| **Professionals involved in my care:** | | | |
| ***Name*** | ***Role*** | |  |

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| **Essential Information**  **Very important information you must know about me** | |
| **My health problems:** | |
| **My allergies/Sensitivities:** (and source of information) | |
| **My current medication:** (see my current pharmacy medication sheet)  **How I take my medication:**    **Do I need Dossett Box &/or Easy Read Instructions on discharge?**  **Dossett Box  Easy Read Info  (Please Tick if necessary)** | |
| **How I communicate with you:**  **How you should communicate with me:**  **C:\Users\nbm2990\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\9NEXW8ST\Pictures_and_symbols.jpg** | |
| **What help do I need to make decisions?** (Mental Capacity Act 2005)  **If I am unable to understand or consent, this is who you need to contact, to discuss the decision in my best interest:** (family, friend or IMCA)  Please Tick if this person is your :  LPA :  Court of Protection Deputy for Health and Welfare: | |
| **What I’m like in hospital:** (what was my experience on previous admission?)  **What makes it easier for me:** (TV, low lights, less people, no sudden noises etc.)  [Image result for hOSPITAL BAY](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjak4nsytjeAhUEuRoKHbZmAdEQjRx6BAgBEAU&url=https://www.nhslothian.scot.nhs.uk/GoingToHospital/Locations/RoyalVictoriaHospital/Pages/default.aspx&psig=AOvVaw3Dtkf_pzCHv432X_3Te2V-&ust=1542446420048888) | |
| [Related image](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwi44ee6o-_dAhWPDuwKHX6nBQQQjRx6BAgBEAU&url=https://www.ikea.gr/diakosmisi-spitiou/rologia/rologia-toihou-kai-epitrapezia/tjalla-roloi-toixoy-61998/80357878/&psig=AOvVaw2PLrqT3jkZ4m2PjvNCFZav&ust=1538828078745615)**Routines that are important to me:** | |
| **How to make medical tests easier for me:**  **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Health\images\BPman1.jpg** | |
| **This is how I show I am in pain:** | |
| **Emergency protocols that are in place:** (DNACPR, Epilepsy, Eating & drinking etc.) | |
| **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Emotions\images\Bad_news.jpgBehaviours that may cause risks to myself or others:** | |
| **Triggers that may lead to behaviours that challenge:**  Upset**Do I have a behaviour plan Yes  No  ( If yes, please bring plan into hospital)** | |
| **Important Information**  **Important information about my general daily living** | |
| **How I wash and clean myself:** | |
| [Image result for t shirt](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiWx8qWte_dAhUm4YUKHQzlAkUQjRx6BAgBEAU&url=https://www.leslipfrancais.co.uk/le-jean-grey-marle-t-shirt-95.html&psig=AOvVaw18FwG4cOELevn1AsBaPpu4&ust=1538832833102649)**How I get dressed and undressed:** | |
| **How I go to the toilet:** | |
| **How I eat and drink:**  **Do I need help with my menu in hospital? Yes  No** | |
| **How I move around:**  **Equipment I use:** | |
| **How I sleep:** | |
| **Have I got any problems with:** | |
| **[Related image](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjm8cvkh7PeAhV2gM4BHT9TDrMQjRx6BAgBEAU&url=https://pixabay.com/en/eyes-sight-face-clip-art-graphics-1540474/&psig=AOvVaw2W9PlHSk5H0YjO3p7KTmAM&ust=1541157085286187)My Sight :** | **[Image result for teeth](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiGrdKsiLPeAhUFrxoKHaPHDBgQjRx6BAgBEAU&url=http://www.easyhealth.org.uk/listing/teeth-(leaflets)&psig=AOvVaw2eDmvTtRKtutFshbJttcYK&ust=1541157238725113)My Teeth :** |
| **My Hearing:**  **[Related image](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiCiN62h7PeAhWFyIUKHVagBOMQjRx6BAgBEAU&url=http://www.public-domain-photos.com/free-cliparts/people/bodypart/ear_-_body_part_nicu_buc_01-4370.htm&psig=AOvVaw3S-O9q2Q7fg0WNViAh1Ga8&ust=1541156998515683)** | **My Skin:** [Image result for skin applying cream](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwi51M7qiLPeAhUGJBoKHTnaD6kQjRx6BAgBEAU&url=https://www.ioshmagazine.com/article/importance-applying-creams-workplace&psig=AOvVaw0hYcfZnNvB28F0T_rEAWNC&ust=1541157383252660)  . |
| **Important Information**  **To improve my hospital stay** | | |
| **T:\South Glos CLDT\PhotoSymbols 2\Browser parts\Relationships\images\Family.jpgMy carers needs:**  Do I have paid carers or family carers who can offer extra support? Write details (inc level of support that can be provided):  **Do they need: Carers Bed?  Carers Pass?    Any additional needs of carers that hospital need to be aware of? (Inc. health needs):**  For attention of Unpaid Carer - Please Contact Carers Liaison Service for additional support for yourself if necessary – BRI Liaison – 0117 342 1707 | | |
| **Ways I want to be supported :**  I would like to be treated in the same way as you would like your family member to be treated! | | |
| **What upsets me:** (Things I don’t like or can scare me) | | |
| **Things that will make my stay in hospital better:**  (e.g. things I can do so I don’t get bored, things I like to talk about, favourite music and TV, books, arts and crafts) | | |

**Date this passport should be reviewed:   
(Minimum of annually or sooner if needs change)**

**Person who will review this passport:**

**Please can all staff read my hospital passport when I am in hospital to get to know me and how I like to be supported.**

**My hospital passport will outline any reasonable adjustments that are needed for hospital admissions or appointments. Please support me to ensure these are in place.**