# HOSPITAL INFORMATION PASSPORT

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| **HELLO****MY NAME IS** |
| MY NAME IS.png |

|  |  |  |
| --- | --- | --- |
| RED | AMBER | GREEN |
| Things you must know about me | Things you shouldKnow about me. | Things I would like to happen. |
| important.png | should know.png | like.pngyou know.png |

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| important.png | IMPORTANTThings you must know about me |

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| --- | --- | --- | --- |
| My name is: |  | Known as: |  |
| GP name: |  | Practice name: |  |
| GP address: |  |
| GP Telephone number: |  | My NHS No : |  |
| My date of birth: |  |
| My address is: |  |
| My telephone number is: |  |
| Where I live (X) | Family |  | Independently |  | Supported living |  |
| My Religion is:  |  | Religious requirements: |  |

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| people.png | People in my life |

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| Next of kin: |  | Relationship: |  | Tel: |  |
| Main Carer: |  | Relationship: |  | Tel: |  |
| Case/Care Manager: |  | Tel: |  |
| Most important person to me |  |
| Professionals Involved: | Relationship | Telephone: |
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| health.png | All about my health |

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|  | **Current Medical Conditions:** |
|  |
|  | **Current Medication: *Please check these are up to date***  |
|  |
|  | **Brief Medical History:** |
|  |
| eating and drinking.png | **Eating and Drinking:**  |
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|  | **Allergies:** |
|  |
|  | **Medical interventions:** |
|  |
| communication.png | **Communication:** *my understanding, how I express myself and how you can help me* |
|  |
|  | **Behaviours which may challenge or cause risk:** |
|  |
|  |  **Please see additional documents:****e.g*** **Epilepsy, profile, Disdat, mealtime placemat**
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| --- | --- |
| Completed By: |  |
| Relationship: |  |
| Signature: |  | Date: |  |

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| should know.png | **Things You Should Know About Me** |

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| --- | --- |
| **toilet.png****Going to the toilet**  |  |
| **mobility.pngstairs.png****Getting around at home and outside** |  |
| **sensory.png****Sensory needs**  |  |
| personal care.png**Personal care** |  |

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| should know.png | **Things You Should Know About Me** |

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| **support.png****Level of support** |  |
| calm.png**Things that keep me calm** |  |
| **safe.png****Keeping safe** |  |
| **sleep.png****Sleeping** |  |
| **pain.png****Pain** |  |

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| Completed By: |  |
| Relationship: |  |
| Signature: |  | Date: |  |

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| --- | --- |
| **enjoy.png** | **Things That Will Make My Stay More Enjoyable** |

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| --- | --- |
| **Things I Like**like.png |  |
| do not like.pngThings I Don’t Like |  |
| **Things I like to do** |  |

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| --- | --- |
| Completed By: |  |
| Relationship: |  |
| Signature: |  | Date: |  |

Adapted from the Red, Amber, Green Hospital Assessment: Gloucestershire Partnership NHS Trust (Elliot & Dean 2004)