

This is my Hospital Passport

For children coming to hospital.

My name is:

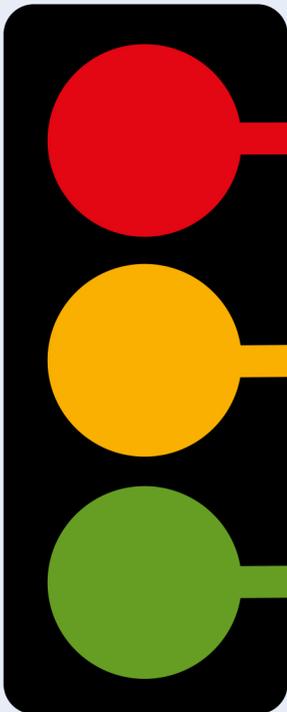
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to be at the end of my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes

North Tees and Hartlepool

NHS Foundation Trust



Things you must know about me



Name:

I like to be known as:



Date of Birth:

NHS Number

Address:



Tel No:



How I tell people how I feel:

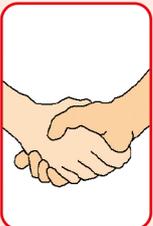


Family contact person:

Relationship e.g. Mum, Dad:

Address:

Tel No:



My support needs and who gives me the most support:



Language my Carer Speaks:

Date completed by

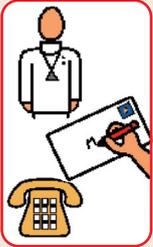
Things you must know about me



Religion:

Religious needs:

Ethnicity:



GP:

Address:

Tel No:

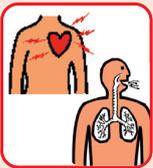
Other services/professionals involved with me:



Allergies:



Medical Interventions – how to take my blood, give injections, BP etc.



Heart/Breathing problems:



Risk of choking when eating, drinking and swallowing):

Date completed by

Things that are important to me



How to communicate with me: (speaking, signing, pictures)



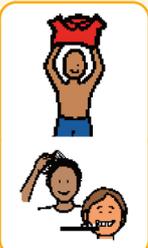
How I take medication: (Crushed tablets, injections, syrup)



How to tell if I am in pain:



Moving around: (Posture in bed, walking aids)



Personal care: (Dressing, washing, etc)

Date completed _____ by _____

Things that are important to me



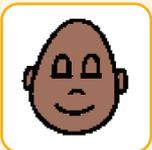
Problems with my sight or hearing:



How I eat: (Food cut up, risk of choking, help with eating)



How I drink: (Drink small amounts, thickened fluids)



What best support looks like: (Keeping me safe)



How I use the toilet: (Continence aids, help to get to toilet)



Sleeping: (Sleep pattern/routine)

Contacts

Social Worker:

Name:

Telephone Number:

My Parents Contacts Number:

Contact Number:

Where I live:

Manager:

Telephone Number: