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| **This booklet is****All About Me**For children, young people and adults with learning disabilities coming to Hampshire Hospitals NHS Foundation Trust **My name is:**  If I am going to see a doctor, a podiatrist ora dentist, ‘All about me’ book should come with me.If I have to go to hospital, this book needs to go with me also. It gives hospital staff important information about me and make sure I get the best care. My Photo  |
| **This passport belongs to me. Please return it when I am discharged.** |

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| **Hospital Staff – please look at my passport before any investigations, care or treatment is provided.****Things you must know about me****Things that are important to me****My likes and dislikes****Either I have completed this passport, or a member of my family or support worker who knows me very well did.** |
| **Things you must know about me** |
|   Name:  Likes to be know as: Date of Birth: Address:   Tel No: |
|  How I communicate/ what language I speak: |
|  Family contact person:  Relationship e.g. Mum, Dad: Address: Tel No: |
|  My support needs and who give me the most support: |
|   My carers speaks: |

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| **Date completed** **by** **Date completed** **by**  |

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| **Things you must know about me** |
|  Religion: Religious needs:  Ethnicity:  |
|  GP: **Address:** Tel No:**Other services/ professionals involved with me: (For example, social worker, health visitor and their contact numbers)**  |
| **Allergies:**  |
| **Medical interventions – how to take my blood, give injection, take my blood pressure and so on**  |
| **Heart/ Breathing problems:** **Heart/ Breathing problems:**  |
| **Risk of Choking, dysphagia (eating, drinking, swallowing):** |

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| **Date completed** **by**  |

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| **Things you must know about me** |
| **Current Medication (Include dates of taking these; ‘from’ and ‘to’ if possible):**  |
| **My medical history and treatment plan:**  |
| **What to do if I am anxious:**  |

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| **Date completed** **by**  |

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| **Things that are important to me** |
| **How to communicate with me:**  |
| **How I take medication (Crushed tablets, injections, syrup. Do I need my own cup, spoon?):**  |
| **How do you know that I am in pain:**  |
| **Moving around / Mobility needs (Posture in bed, walking aids):**  |
| **Personal Care (Dressing, washing, brushing teeth)**:  |

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| **Things that are important to me** |
| **Seeing/ hearing (Problems with sight or hearing)**: |
| **How I eat (Food cut up, risk of choking, need help):**  |
| **How I drink (For example small amounts, thickened fluids):**  |
| **How I keep safe (Bed rails, support with challenging behaviour)**:  |
| **How I use the toilet (Continence aids, help to get to the toilet):** |
| **Sleeping (Sleep pattern/ routine/ comfort items used e.g. own blanket)**:  |

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| **Date completed** **by**  |

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| **My likes and dislikes** |
| **Likes: for example – what makes me happy, things I like to do such as watching TV, reading, music, routines.****Dislikes: for example – don’t shout, food I don’t like, being touched**MC900433161[1]MC900433160[1]**Things I don’t like****Don’t do this:** **Things I like****Please do this:**  |

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| **Date completed** **by**  |

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| **Notes** |
| **Additional Information which may be applicable and helpful for staff**

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| **Catheter size and how often flushed** |  |
| **Dressing type** |  |
| **Gastrostomy tube type and size** |  |
| **NJ/ NGT size** |  |

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| **Useful contacts** |
| **For support / further information please contact your local Community Learning Disability Health Team.** **Advice can be accessed from 9am to 5pm Monday to Friday.****North Hampshire Community Learning Disability Health Service****Call; Winchester (01962) 764560** **Basingstoke (01256) 776151****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Southampton City Community Learning Disability Health Team****Call; (02382) 310300**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**West Hampshire Community Learning Disability Health Service****Call; New Forest (02380) 383444** **Eastleigh (01329) 316226**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**East Hampshire Community Learning Disability Health Service****Call; Fareham & Gosport (01329) 316350** **Havant & East Hants Base (02392) 441417** |

It is important that you **keep this document up to date**. A Blank copy of Hospital Passport can be downloaded from: http://www.hampshirehospitals.nhs.uk/patients-visitors/health-information-point-(hip)/information-for-learning-disabilities/hospital-passport.aspx

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| **Please contact the Community Learning Disability Health Team if you have any questions about the passport** |

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| **This Hospital Passport was developed by North Hampshire Hospitals NHS Foundation Trust/Southern Health NHS Foundation Trust based on original work by Gloucester partnership NHS Trust.** |