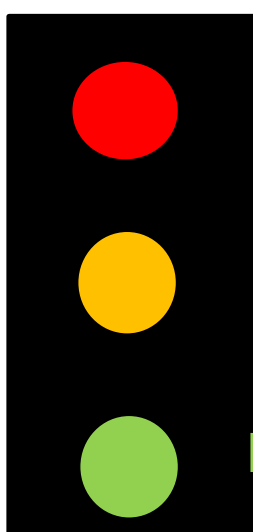


Health passport for:  
D.O.B:  
Parent/Carer name:  
Telephone number:  
Hospital number:

**'This is me!'**  
Stick a photo  
of you here

Please check with my parent/carer that this is the most up to date information.

Everyone who works with me needs to read this passport.



**RED** sections: Things you must know about me



**AMBER** sections: Things that are important to me



**GREEN** sections: Other things I'd like you to know about me.



In red bar - Things you MUST know about me

| Section  | Page | Date completed | Signature |  |
|--|------|----------------|-----------|--|
| <ul style="list-style-type: none"> <li>• Family</li> <li>• Allergies</li> <li>• How I communicate</li> <li>• Religion</li> </ul> | 3    |                |           |  |
| Daily routine  | 4    |                |           |  |
| This is my team!   | 5-7  |                |           |  |
| Current medication   | 8    |                |           |  |
| Medical history  | 9    |                |           |  |
| <ul style="list-style-type: none"> <li>• Treatment plan</li> <li>• medical interventions</li> </ul>                              | 10   |                |           |  |
| How to keep me safe  | 11   |                |           |  |

In orange bar - Things that are important to me

| Section                         | Page  | Date completed | Signature |  |
|---------------------------------|-------|----------------|-----------|--|
| Things that are important to me | 12    |                |           |  |
| Personal care                   | 13    |                |           |  |
| Schools and friendships         | 14-15 |                |           |  |

In green bar - my likes and dislikes

| Section            | Page | Date completed | Signature |  |
|--------------------|------|----------------|-----------|--|
| Likes and dislikes | 16   |                |           |  |
| Useful websites    | 17   |                |           |  |

**Things you MUST know about me:**

**This is my family:**

[Insert picture/photo/avatar here]

**I'm allergic to:**



**How I communicate/the language I use:**



**We will need an interpreter**

**My faith:**

**My Religious/spiritual needs:**

**My ethnicity:**



# My Daily Routine

Includes sleeping posture/pattern/routine\*

|      |            |
|------|------------|
| Time | Morning    |
|      |            |
| Time | Afternoon  |
|      |            |
| Time | Evening    |
|      |            |
| Time | Night-time |
|      |            |



This is my team!



GP name:  
Address:  
Phone number:  
Email:



Paediatrician name:  
Address:  
Phone number:  
Email:

Surgeon/consultant name:  
Address:  
Phone number:  
Email:

CNS (Clinical nurse specialist) name:  
Address:  
Phone number:  
Email:

Social worker name:  
Address:  
Phone number:  
Email:

Dietician name:  
Address:  
Phone number:  
Email:



Health visitor name:  
Address:  
Phone number:  
Email:

OT/SSOT name:  
Address:  
Phone number:  
Email:

Physiotherapist name:  
Address:  
Phone number:  
Email:



SLT name:  
Address:  
Phone number:  
Email:

EYC/keyworker name:  
Address:  
Phone number:  
Email:

CAMHS name:  
Address:  
Phone number:  
Email:

Housing officer name:  
Address:  
Phone number:  
Email:

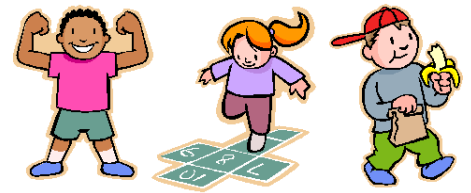


School/nursery contact name:  
Address:  
Phone number:  
Email:

School SENCO name:  
Address:  
Phone number:  
Email:

Portage contact name:  
Address:  
Phone number:  
Email:

Play worker name:  
Address:  
Phone number:  
Email:



Other name:  
Address:  
Phone number:  
Email:



## Current Medication

Please bring copy of clinic letter

Medical History

I have the current diagnosis



**My treatment plans**

Eg feeding plan. Seizure plan, respiratory plan. Please say if plan is attached and place at the back of the folder

**Medical Interventions - What you need to know:**  
*e.g If you want to take my blood, you will need to...*





Things that pose a risk to me



Risk of choking, dysphagia (eating, drinking and swallowing)

Things that could make me upset or anxious very quickly

How you'll know I'm in pain



How I calm myself down

Drawing, playing with toys, music...

How you can help

Things that are important to me

Moving around (running on my toes, walking aids, wheelchair, splint)



Moving on and off things (hoist, sling etc...)

I use the following equipment at home/school (a wedge cushion when sitting)

More space here

How I keep safe (bed rails, support with challenging behaviour)



Seeing /hearing (hearing aids, glasses and prosthesis)

**Personal care (Dressing, washing, oral hygiene, shower, bathing and hair washing)**

**How I use the toilet (I use pads and need help to change them; I am potty trained and will show you I need to go by...**



**How I eat (food cut up, pureed, help with eating, gastrostomy, NGT etc)**

**How I drink (Small amounts, thickened fluids, via gastrostomy, NGT)**

**My school and friendships**

**My friends are**



**At nursery/school/college, I'm good at**

**Things I find difficult**

**I work best when**

**Adults at nursery/school/college can help me by**

**My classmates can help me by**



**My future dreams**

Things I've achieved and am really proud of

What I'm working on now (my targets)

Things that will help me achieve these

Things that will make it harder for me to achieve these

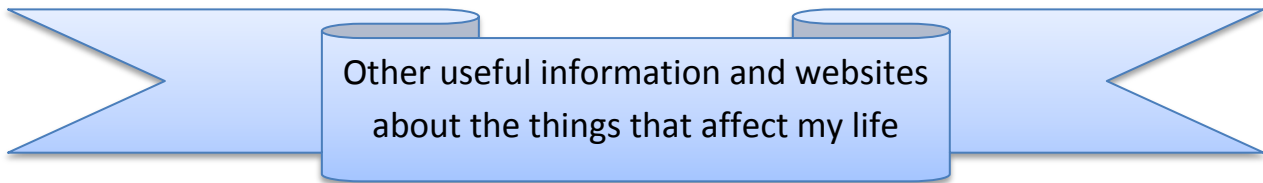
**My likes and dislikes**

**Likes:** TV, music, football, a weight cushion to make me feel secure



**Dislikes:** food I don't like, tricky moments





| Website url | Description |
|-------------|-------------|
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This Hospital Passport is based on original work by Gloucester Partnership NHS Trust.

"Thank you" to the following people who contributed to the development of this passport

St George’s Hospital team: Mrs Sheron King CNS Neurodisability, Vanessa Ballard CCN, Dr Irene Hadjikoumi Consultant Paediatric Neurodisability, Dr Malihe Ghazavi Consultant Paediatric Neurodisability, Dr Catherine Dalton Consultant Neurologist, Dr Pushpa Subramaniam Consultant Paediatrician

.....Date

Review date