


# This is me

# My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.



Click here  
to add your  
photo from  
your computer

**My name is:**

**I like to be known as:**

Please return my passport to me when I go home.

**This is essential reading for all staff working with me. It gives important information about me.** This passport should be kept visible and used when you talk to me or think about me.



**Things you  
must know  
to keep me  
safe**



**Things that  
are important  
to me**



**My likes  
and  
dislikes**

This passport is a pdf file that can be typed into, saved and updated using Adobe Acrobat Reader.  
Go to: [www.surreyhealthaction.org](http://www.surreyhealthaction.org) to download it free of charge. You could also print it off and write on it.

# More basic information about me



This passport needs to be updated if my needs change.

## Where I currently live:

For example - supported living or my family home.

## Hours of support I get each day:

## Who to contact for more information about me:

Please say name, role and contact phone number.

## Other key professionals involved in my care:

Please say name, role and contact phone number.

## Key person / people to liaise with about my admission and discharge:

This passport was filled in by:

Date:

# Things you must know about me



## 1. Adverse drug reactions, allergies or intolerances.



Please give details including what my reactions would be.

## 2. Communication - How well I use and understand speech



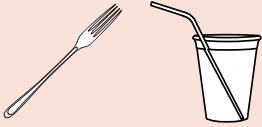
Other ways I communicate - signing, pictures or other languages ?  
How I show how I feel. How I communicate yes and no.

## 3. Food and drink - Food allergies / intolerances and help choosing



Do I need help filling in menus? How I make food and drink choices.  
*See also the likes and dislikes section.*

#### 4. Eating and drinking - What help I need



Does my food need to be cut up or liquidised? Do I use dentures to eat?  
Do I use special equipment?

If there is a risk I may choke please give details of my management plan and seating & posture.



#### 5. Pain - How I show I'm in pain and how to support me



#### 6. Other medical conditions - Such as diabetes, epilepsy, asthma and depression

See separate medication list.



#### 7. How I take medication - One tablet at a time, on a spoon or via a syringe

Do I need help to make sure I have swallowed?



## 8. How to support me with medical interventions

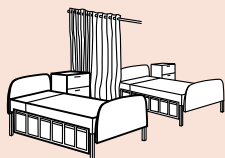


Things like taking my temperature, blood pressure, blood test and having injections.

## 9. How I usually am - for example do I sleep a lot, am I usually very quiet?



## 10. How do I react to strange places?



## 11. Keeping me safe - Do I wander? Could I fall out of bed? Do I fall?



Please consider environmental risks.

## 12. Things that may worry or upset me - How I may show this.



**13. How to support me if I'm anxious or upset** - Also see the likes and dislikes section.



Blank space for notes.

**14. Behaviours I have that may be challenging or cause risk**

What you can do to support me with my behaviours - things that help me relax.



Blank space for notes.

**15. My sight** - Any problems I have, aids I use like glasses or magnifying glass.

Can I clean my glasses myself?



Blank space for notes.

**16. My hearing** - Any problems I have, aids I use like a hearing aid?

Can I put my hearing aid in myself? Do I know how to turn it on?



Blank space for notes.

**17. Other vital information** - Such as advance care decision.

If I have a 'Lasting Power of Attorney' please specify whether it covers 'Health and Welfare' and/or 'Finance and Property'. Please also say if I have an 'End of Life Care Plan'.

Please also say who holds these documents and how to contact them.



Blank space for notes.

# Things that are important to me



## Important people

Family, friends & staff who support me.

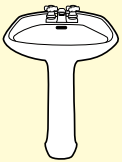
## Level of support I need when well

Who needs to stay and how often.

## How I use the toilet when I am well -e.g. continence aids and getting to the toilet.



## Personal care - support I need with things like dressing, washing and teeth cleaning.



## Moving around - for example posture in bed, walking aids and wheelchair.

Do I need help with moving around?



## Sleeping - my sleep pattern / routine / time of waking.



# My likes and dislikes

## Things I like

### Could include:

Music, TV, foods, activities and how I relax.



## Things I don't like

### Could include:

Things that worry me, foods, activities and ways I don't like being treated.

## My history - What is important that you know about my life (past and present)

Please also use this space for any further information.

**We would be delighted to receive your feedback on this document.**

Please go to [www.surveymonkey.com/s/NGKYM7](http://www.surveymonkey.com/s/NGKYM7) and complete our short feedback form. We will use the information to review and update the document in the future. Thank you.



**Based on a previous 'Hospital Passport' this version is designed to be used for all people within a variety of care settings.**

The content was developed together by Surrey and Borders Partnership NHS Foundation Trust Acute Liaison, Specialist Therapies and Older Adults services, Royal Surrey County Hospital and the Surrey Alzheimer's Association.

**This passport was designed by The Clear Communication People Ltd and funded by The Learning Disability Partnership Board in Surrey.**

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