My Health Passport

Please make sure that this stays with me.

You can keep a copy for my file.

NHS
East Suffolk and North Essex
NHS Foundation Trust

This passport gives healthcare staff important information and offers advice on any reasonable adjustments needed. For example, longer appointments, quiet waiting room. This passport should be used for all health appointments, including hospital, outpatient, GP and screening appointments.

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

Name: Likes to be known as:

Date of birth: NHS number:

Address: Tel no:

GP: Tel no:

Address:

First point of contact: Relationship: Tel no:

Next of kin: Relationship: Tel no:

Key worker/main carer: Relationship: Tel no:

Professionals involved:

Religion / spiritual needs / requests:

Allergies, intolerances or sensitivities:

Current medication: *Please see my current MAR chart or prescription sheet.*

Current medical conditions:

Brief medical history:

Medical interventions *(compliance in procedures – taking blood, giving injections, taking temperature, medication, BP etc):*

AMBER: Things that **may be** really important to me

Taking medication	*Crushed tablets?* *Injections, syrup?*
Heart (heart problems):	
Breathing (respiratory problems)	*Am I a smoker/vaper?*
Diabetes	
Epilepsy	
Seeing/Hearing	*Problems with sight / hearing:* *Do I wear glasses / hearing aid?*
Eating and drinking issues (swallowing)/BMI	*Food cut up, choking? Is there a SALT plan regarding eating and drinking?* *Requirement for 1-2-1 during mealtimes?* *Drink small / large amounts?*
Going to the toilet:	*Continence aids?* *Help needed to get to the toilet?*
Constipation	*Usual bowel movement pattern.* *On Laxatives?*
Mobility/Moving around/ Tissue viability	*Posture in bed?* *Walking aids?* *Airwave mattress?*

Pain scoring/ Observational	*How you know I am in pain:* *Do I have a Dis-Dat:*
Learning disability – level of comprehension/ capacity to consent:	*Does anyone have power of attorney/court-appointed deputyship for health and welfare?* *Do I have an advocate?*
Behaviours that may be challenging or cause risk:	*What makes me anxious or afraid (triggers)* *Things I find difficult/don't like*
Communication	*How to communicate with me:* *Do you have a communication device?*
Information sharing	*How to help me understand things:*
Sleeping	*Sleep pattern:* *Sleep routine:*
Keeping safe	*Bed rails, managing behaviour, wandering:*
Personal care	*Dressing, washing etc:*
Level of support/ Dependency assessment	*Who needs to stay and how often?* *Am I able to use a buzzer?*
End of life preferences	*Is there a DNACPR or RESPECT form in place?*

GREEN: Things I would like to happen, my likes and dislikes

Think about what upsets you, what makes you happy, things you like to do such as watching TV, reading, listening to music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch / restraint, special needs, routines, things that keep you safe.

 **THINGS I LIKE** Please do this:	**THINGS I DON'T LIKE** Please don't do this: 

Further advice, information, recommendations, reasonable adjustments:

Roger Blake (RNLD)
Ipswich Hospital Learning Disability and Autism Specialist Nurse
Email: roger.blake@esneft.nhs.uk
Telephone: 01473 702517
Mobile: 07539 323041
Internal ext: 1517
X: @LDliaisonIHT

Stephanie Baker (RNLD)
Colchester Hospital Learning Disability and Autism Specialist Nurse
Email: stephanie.baker@esneft.nhs.uk
Telephone: 01206 742160
Mobile: 07774 889067
Internal ext: 2160
X: @EsneftLd

Issued by:
East Suffolk and North Essex NHS Foundation Trust
Colchester Hospital, Turner Road, Colchester CO4 5JL
Ipswich Hospital, Heath Road, Ipswich IP4 5PD
www.esneft.nhs.uk

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