

This booklet is

All about me

For young people and adults with learning disabilities coming to Hampshire Hospitals NHS Foundation Trust

My name is:

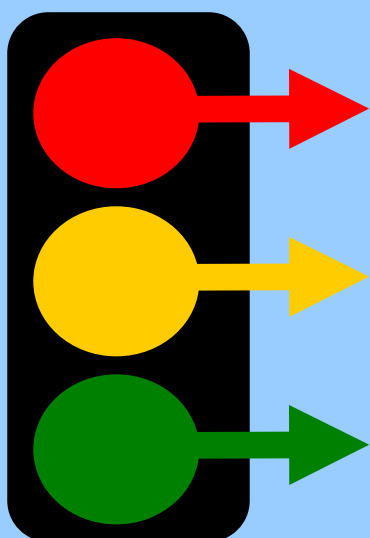
If I am going to see a doctor, a podiatrist or a dentist, my 'All about me' book should come with me.

If I have to go to hospital this book needs to go with me also. It gives hospital staff important information about me and makes sure I get the best care.

My photo

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

Hospital staff – please look at my passport before **any investigations, care or treatment**



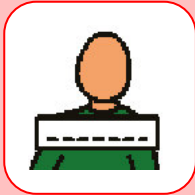
Things you must know about me

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 has completed it.

Things you must know about me



Name:

Likes to be known as:

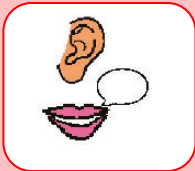


Date of birth:



Address:

Tel no:

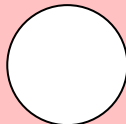


How I communicate/ what language I speak:



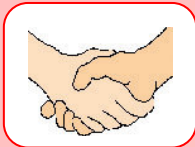
Family contact person:

Relationship
(such as Mum or Dad):

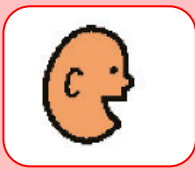


Address:

Tel no:



My support needs and who gives me the most support:



My carers speak (language):

Date completed

by

Things you must know about me



Religion:

Religious needs:

Ethnicity:

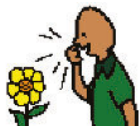


GP:

Address:

Tel no:

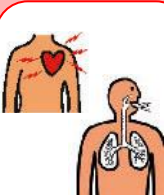
Other services/ professionals involved with me: (for example, social worker, health visitor and their contact numbers)



Allergies



Medical interventions – how to take my blood, give injections, take my blood pressure and so on:



Heart/ breathing problems:



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

Date completed

by

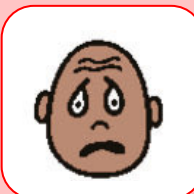
Things you must know about me



Current medication:



My medical history and treatment plan:



What to do if I am anxious:

Date completed

by

Things that are important to me



How to communicate with me:



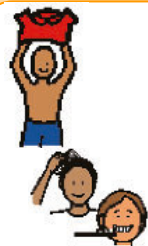
How I take medication: (crushed tablets, injections, syrup)



How to know if I am in pain:



Moving around: (posture in bed, walking aids)

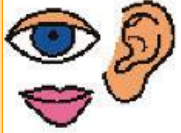


Personal care: (dressing, washing and so on)

Date completed

by

Things that are important to me



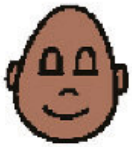
Seeing/ hearing: (problems with sight or hearing)



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)

Date completed

by

My likes and dislikes

Likes: what makes me happy, things I like to do, such as watching TV, reading, music, routines

Dislikes: for example – shouting, food I don't like, being touched

Things I like

Please do this:



Things I don't like

Don't do this:



Date completed

by

Notes

Large empty rounded rectangular area for notes.

Additional information which may be applicable and helpful for staff

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

Useful contacts

For support / further information please contact your local Community Learning Disability Team. Advice can be accessed from 9am to 5pm Monday to Friday.

North Hampshire Community Learning Disability Service

Winchester (01962) 764560

Basingstoke (01256) 776151

Southampton City Community Learning Disability Team

(02380) 294420

West Hampshire Community Learning Disability Service

New Forest (02380) 383444

Eastleigh (01329) 316226

East Hampshire Community Learning Disability Service

Fareham & Gosport (01329) 316350

Havant & East Hants Base (02392) 441417

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

This hospital passport was developed by Hampshire Hospitals NHS Foundation Trust and Southern Health NHS Foundation Trust based on original work by Gloucester Partnership NHS Trust.