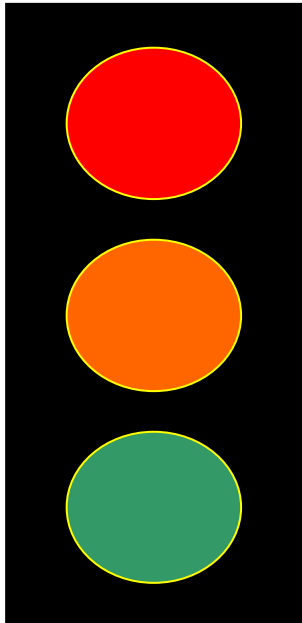


PATIENT PASSPORT



Things **you must** know about me

Things that are **important** to me

My **likes** and **dislikes**

What you need to know about me

For staff

- you need to know what is in this booklet
- please help me keep this booklet safe
- make sure all the staff caring for me read it



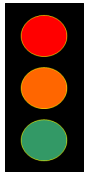
This book is confidential and must only be used by people looking after me

NAME.....
Date completed.....

Care planning contact:
.....

Traffic light booklet – how to use it

This booklet is filled out by the patient with support from a carer or support worker. They can bring it with them when they go to the doctor, dentist, physiotherapist, occupational therapist, speech therapist. The main purpose of this booklet is to provide staff with three types of information:



- **essential** (red)
- **important** (orange)
- **preferable** (green)







in a format that is quick and easy to use.

It can be kept in the person's health action plan or somewhere safe at home.

The aim of the booklet is to make sure that people with learning disabilities can make their needs known to staff. Communication between the person and their health staff has been found to be a major obstacle to the provision of good health care to people with learning disabilities.

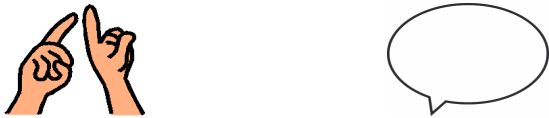
Things you must know about me

My name: Please call me: Date of birth: Address: Phone:	Next of kin: Key worker / main carer: Relationship: Phone: Address:	GP: My NHS number: My GP: My Hospital Consultant
Current medication: Current medical conditions: Allergies:	Things that upset or worry me are: When I'm upset or worried I sometimes:	Support needed for consent:

<p>Short medical history</p>  <p>My Usual Weight is: kg</p> <p>My Height is:</p>	<p>Heart condition</p> 	<p>Breathing difficulties</p> 
<p>Eating and drinking difficulties</p> 	<p>Allergies</p>  <p>Fears and phobias</p>	<p>How to make medical interventions easier (for example, taking blood, giving injections, administering medication)</p> 

Things that are important to me

Communication - how I communicate, including pain



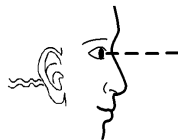
Understanding - how you can help me to understand and make choices



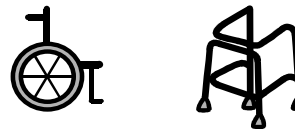
Level of support – who needs to stay with me and how often



Seeing and hearing



Mobility – posture in bed, bedrail, walking aids



Food and drink support – portion size, consistency and assistance



Toilet – continence aids, assistance



Personal care – washing, dressing, looking good



How I take my medication i.e. Route



Sleeping – pattern and routine



Safety – vulnerability, absconding



Care planning:

Please make sure that the following people are involved:

Things I like and things I don't like



What I like

what makes me happy, what I enjoy doing, how I want people to talk to me, food I like, good touch, routines, important possessions



What I don't like

what makes me sad or upset, what I don't like doing, food I don't like, how I don't want people to talk to me, bad touch, worries



What I like

what makes me happy, what I enjoy doing, how I want people to talk to me, food I like, good touch, routines, important possessions



What I don't like

what makes me sad or upset, what I don't like doing, food I don't like, how I don't want people to talk to me, bad touch, worries

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