

# This is my Health & Wellbeing Passport

My name is:

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

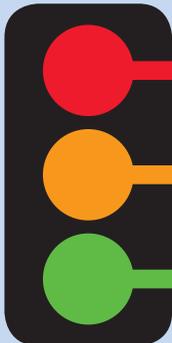
It needs to hang on the end of my bed and a copy should be put in my notes.

Insert photo here



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

**Nursing and medical staff please look at my passport before you do any interventions with me:**



Things you must know about me

Things that are important to me

My likes and dislikes

# My Health & Wellbeing Passport

Name:



I like to be known as:

Date of Birth:



Hospital Number:



Address:



Telephone Number:



Parent / Carer Names:



Signature:

Preferred Language /  
How I Communicate:



Fill in your personalised card below and use it when you go to hospital.

## My Health & Wellbeing Card

Please use your Health & Wellbeing Card as a quick way to provide our staff with basic information about your child. This information will help us to meet your child's needs.

# The Aim of the Health & Wellbeing Passport

The aim of the Health & Wellbeing Passport is to provide our staff with all the necessary information about your child when you use our hospital services. This information will help us work in partnership with you in meeting your child's needs.

**Please let a member of staff know if your child has a hospital passport.**

**Please try to make sure the information in the hospital passport is kept up-to-date. As a guide we recommend:**

Children under 5 years of age - review every 6 months

Children over 5 years of age - annual review

**A traffic light system is used as follows:**



!!!  
ESSENTIAL  
INFO

!!  
IMPORTANT  
INFO

!  
PREFERABLE  
INFO

**Very important information you MUST know about me.** For example, allergies, communication needs, medical equipment sizes or challenging behaviours which may cause a risk.

**Important information about your general daily living.** For example, tell us your child's level of understanding, how they express themselves or any specific dietary needs or personal hygiene needs.

**Information about my likes, dislikes and comfort issues.** For example, tell us your child's likes such as favourite toys, music and DVDs. Also things that might calm them if they become distressed.



# Essential Information

Very important information you **MUST** know about me

I am allergic to:



I have the following medical conditions:



**The following are signs of when I am in pain:**

(For example, frowning, grimacing, moaning, fidgeting, verbal abuse)



**I need the following to support my needs and keep me safe:**

(For example, bed rails)



I have the following important routines:



My religious belief is:



# Important Information

Important information about your general daily living



**This is how I would like you to communicate with me:**

(For example, specific language or using gestures)



**I have the following problems with my sight or hearing:**



**I need the following help with eating:**

(For example, cutting up my food)



**I need the following help with drinking:**

(For example, drinking small amounts or thickening fluids)



**I need the following help using the toilet:**

(For example, continence aids)





# Important Information

Important information about your general daily living

## I have the following sleeping needs:

(For example, sleep pattern or routine)



## This is how I take my medication:

(For example, whole tablets, crushed tablets, syrup or injections)



## I need the following help with my personal care:

(For example, getting dressed or getting washed)



## I need the following help when I move around:

(For example, my posture in bed, walking aids)



# Information Important to Me

Information about my likes, dislikes and comfort issues

!  
PREFERABLE  
INFO

## Things I like:

(For example, watching TV,  
reading, listening to music)



## Things I don't like:

(For example, shouting,  
physical touch)





# Contacts & Useful Websites

## **Action ASD – Autism Resource Centre**

Suites 7&8 Kings Mill, Queen Street, Burnley BB10 2HX

**01282 415 455**

**[www.actionasd.org.uk](http://www.actionasd.org.uk)**

## **ADHD Northwest**

1 Townley Street, Morecambe LA4 5JQ

**01524 411 044**

**[www.adhdnorthwest.org.uk](http://www.adhdnorthwest.org.uk)**

## **Young Minds**

UK's leading charity committed to improving the emotional wellbeing and mental health of children and young people

Parent Helpline: **0808 802 5544**

**[www.youngminds.org.uk](http://www.youngminds.org.uk)**

## **Lancashire Care NHS Foundation Trust**

**[www.lancashirecare.nhs.uk](http://www.lancashirecare.nhs.uk)**

## **Specialist Nurse Learning Disability and Autism**

East Lancashire Hospitals NHS Trust

**01254 734307**

**Please contact the specialist nurse or your local community learning disability team if you have any questions about the passport**