

This is me

For people coming to Cambridge University Hospitals that require adjustments to care due to additional care and support needs

My photo

My name is:



If I attend an appointment or go into hospital, this passport needs to go with me and always stay with me.
PLEASE READ

Please look at it

It tells you

- Things you **MUST** know about me
- Things that are important to me
- My likes and dislikes

**This information belongs to me.
Please return it to me when I go home.**

Things you must know about me



Hello my name is:

I like to be known as:



Date of birth:



Address:

This is my own tenancy: Yes/No
Residential care setting: Yes/No
Family home: Yes/No
Nursing home: Yes/No



Tel No:



Gender identity - How do you see yourself?

How to communicate with me:



How I would like the hospital to contact me (phone, text, easy read letter etc)



Contact person:



Relationship
eg family member, support worker:

Address:

Tel No:

Next of kin:



What changes (reasonable adjustments) do I need in hospital?

Date completed by

Things you must know about me



Allergies:



Heart/ breathing problems:



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



Name of GP:

Address:

Tel No:

Other services/ professionals involved with me:

Please make us aware of any legal authority for health ie LPA health and welfare, Court of Protection deputy etc. Please bring the paperwork so the clinician can validate. Community DoLS is not transferable but can be helpful to know what is currently in place. Please state:



Ethnicity:

Religion:

Spiritual needs:



What makes me anxious, upset or worries me (eg the dark, noise, crowds etc) and how do I show this?

How you can avoid worrying/ distressing me:

What helps me when I feel like this?

Date completed

by

Things you must know about me



Current medication: See MAR sheet, repeat prescriptions & GP summary

Please don't make any changes to my medication (other than in an emergency) without talking to me/ my named person:

Name:

Role:

Phone number:

How I take medication: (on food, in liquid form, by injection)

What is the best way to tell me or someone who supports me about my medication when I go home?



My medical/ social history and treatment plan:

Baseline observations: eg blood pressure; what are normal readings for me.



Epilepsy: (what is my normal seizure pattern, what does a seizure look like for me and what is my normal recovery time and management plan – attach current protocol/ care plan)



Medical Interventions: (how to take my blood, give injections, blood pressure etc) – attach any medical management care plans ie nutrition, diabetic regimes, end of life care plans etc



My support needs and who gives me the most support: (How many hours of funded support do you have?)



What support do I feel I need in hospital?

Date completed _____ by _____

Things that are important to me



How you know I am in pain: (posture, skin colour, sounds) – see page 7



Moving around: (posture in bed, walking aids, transfers, hoisting)



Personal care: (dressing, washing, what support I need?)



Seeing/ hearing: (problems with sight or hearing)



How I eat: (food cut up, help with eating, texture of food – attach current modified plan if appropriate)



Date completed _____ by _____

Things that are important to me

How I drink: (drink small amounts, thickened fluids, regular cup – attach current modified plan if appropriate)



How I keep safe: (eg side room, low bed, bed rails, seizure monitoring and support from familiar staff)



How I use the toilet: (eg continence aids, help to get to the toilet, normal bowel and bladder management for me-attach any protocol/management care plans)



Sleeping: (sleep pattern/ routine)



Date completed _____ by _____

My likes and dislikes

Likes: for example - what makes me happy, things I like to do, things that are important to me, such as watching TV, reading, music, routines.

Dislikes: for example food I don't like, physical touch, needles.

Things I like

Please do this:



Things I don't like

Don't do this:







When I come into hospital, I like to bring in some of my favourite things, such as familiar blanket, photographs, sensory objects.

Date completed _____ by _____

Pain scale

I am in pain (for staff to use to help find out what your pain is)

			
0	1	2	3
No pain	A little pain (hurts a bit)	A lot of pain (hurts a lot)	Very bad pain (hurts very much)

Notes:

Important information or things to talk about to help build relationships with me or help take my mind off things (distraction)

Date completed _____ by _____

“This is me” Hospital Passport Review Sheet

Name: _____

Year: _____

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Please initial boxes once sections have been reviewed												
Front page												
Things you must know about me												
Things that I consider to be important												
My likes/ dislikes												
Notes												

Complete below any updates made during review	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

This is me is based on original work by Gloucester Partnership NHS Trust and the Southwest London Hospital Access to Acute Group and Alzheimer’s organisation. Thank you to local stakeholders who commented on amended version.

Please contact the learning disability specialist nurse for further advice/support 01223 216133 or 07928 128664

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Date completed _____

by _____

At a glance sheet

Please list five key points that at a glance staff need to know about me when supporting me in hospital (use clear large font or writing)
(Staff – please photocopy this sheet and display visibly)

1	
2	
3	
4	
5	

What I am like when I am well

Date completed

by