

Personal Details:

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|--------------------------------|--|
| Full Name: | |
| Name (known by): | |
| Date of Birth: | |
| NHS Number: | |
| Religion: | |
| Normal weight: | |
| GP Name/Tel: | |
| Health Facilitator/Tel: | |

If you need to contact someone who knows me really well, please contact my main carer:

| | |
|--------------------------|--|
| Main Carer: | |
| Relationship: | |
| Telephone Number: | |

| | |
|---|--|
| S.O.S. Information (eg allergies, medical conditions): | |
|---|--|

| Aids and Equipment Used | Yes | No |
|-----------------------------|-----|----|
| Dentures | | |
| Glasses | | |
| Hearing Aid | | |
| Wheelchair | | |
| Walking aid | | |
| Other aids/equipment | | |

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|--|
| Other Information: (reasons for vulnerability, eg learning difficulty, dementia etc) |
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My Hospital Passport has been produced in collaboration with Salford Primary Care Trust, Salford Royal NHS Foundation Trust and Salford City Council.

My Hospital Passport

| | |
|-------------------------|--|
| Name (known by): | |
|-------------------------|--|

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| Photograph (optional) |
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This passport has been designed to help hospital staff care for me and provides a brief overview of my needs.

My care-plan should be referred to for more detailed information.

My passport should be kept to hand (eg on the bedside table) with the photo side up to protect my confidentiality.

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| Consent I may need more time and help to say 'yes' or 'no' to treatment. |
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About Me

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|---|--|
| <p>Mobility Needs (getting in and out of bed, walking around and maintaining my posture)</p> | |
| <p>Toileting and Personal Hygiene</p> | |
| <p>Sleeping and Bedtime Needs</p> | |

| | |
|---|--|
| <p>How I Communicate (How I show my wants and needs, eg hunger, happiness, pain, distress or satisfaction)</p> | |
| <p>Dressing and Undressing</p> | |
| <p>Occupying Myself (eg favourite music or television)</p> | |

| | |
|---|--|
| <p>Safety Needs (how to keep me safe from harm, eg bed safety rails)</p> | |
| <p>Taking My Medication(s)</p> | |
| <p>Eating and Drinking (eg dysphagia or swallowing difficulties)</p> | |