

# Patient Passport

## Please refer to guidance notes

This passport is to let you know that I have:

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and have additional needs. I hope this helps you to understand me a little better and helps you with my care plan.

Name ..... Date of birth .....

Telephone ..... NHS number .....

Date completed ..... By whom.....

I have a Lasting Power of Attorney (LPA)\* Yes  No

Name ..... Telephone .....

The LPA relates to\*  Health, welfare and treatment  
 Finances  
 Both

I have an Advance Decision\* Yes  No

\*Please tick appropriate boxes



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I am allergic to .....

Known medical conditions .....

.....

.....

My doctor .....

Address .....

.....

Telephone .....

My religion .....

My next of kin is .....

Relationship to me .....

Telephone .....

Contact details of someone who knows me well

Name .....

Relationship to me .....

Telephone .....

My medication:

I will bring in my MAR chart or prescription card or current medication I am taking. **Please contact my doctor to verify medications.**

I need help with:

Things I like are .....

.....

.....

Things I don't like are .....

.....

.....

Other people who help me are:

Name:

Telephone:

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My preferred priorities for care should my physical health deteriorate:

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CONSENT – Please take into account the five principles of the Mental Health Capacity Act (2005) – see guidance notes.

In partnership with:



This passport is adapted from an original produced by Shrewsbury Hospital NHS Trust.