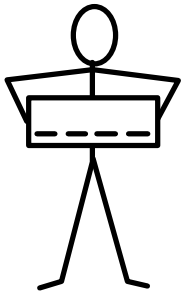


## My Hospital Book

Information about me,  
my health and  
my care needs.

### Name

My full name

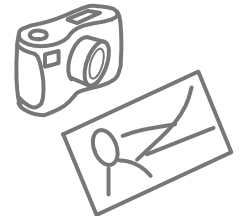


.....

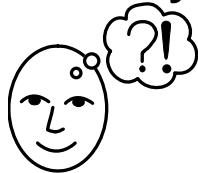
I like to be called

.....

Space for  
a photo if  
you wish

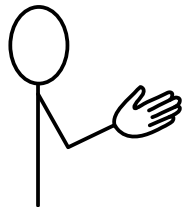


### Learning Disability



I have a Learning Disability which means I may need extra support with some things.  
You may need to explain things to me carefully.

### Helper



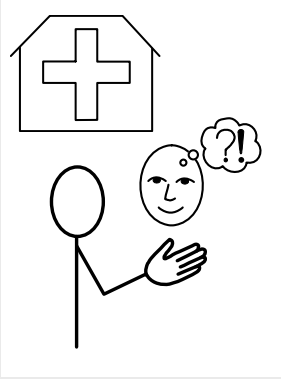
I often have support from another person whose phone number is on page 1.

If I have come to hospital on my own, **please tick and date** here to confirm that my supporters know that I am in hospital.

✓	Admission date
	...../...../.....
	...../...../.....
	...../...../.....
	...../...../.....

**This booklet contains vital information for health staff**

## Hospital Based Learning Disability Liaison Staff

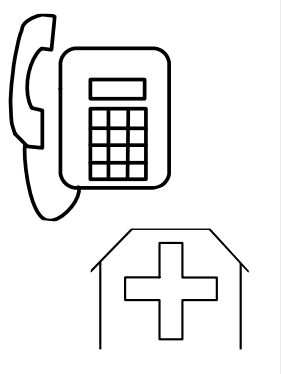


There are Learning Disability Hospital Liaison Staff assigned to this hospital.

Please contact them via the hospital switchboard for support during outpatient appointments, pre-admission assessment or during someone's admission.

Please let the Learning Disability Liaison staff know that someone with a learning disability is accessing the hospital.

## Hospital Phone Numbers



Worcestershire Royal .....01905 763333

Alexandra at Redditch .....01527 503030

Kidderminster.....01527 503030

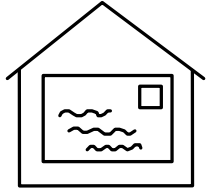
Ask for '**Learning Disability Liaison**'.

# Important information about me

Name and Address

Name..... Date of Birth .....

Address .....



Postcode ..... Telephone .....

Religion .....

## Health action plan

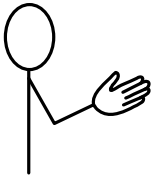


I have a Health Action Plan, please ask me or my carers to show you.

My health action plan is kept .....

## People who support me

My helpers



My next of kin ...

I am often supported by ...

Name.....

Name.....

Relationship.....

Relationship.....

Telephone .....

Telephone .....

Please make sure they are contacted if I come into hospital.

## Understanding Information and Making Decisions

Please speak to me **slowly using simple language**.

Give me **time to think** and then **check I have understood** what you have said.

(Please put a  or a  in each box.)

Communicating

I can speak and I understand speech.

I can read  I can write

I use different ways to communicate. Please see the box below and talk to my carer / supporter to find out more about communicating with me.

I would like support from ..... when I need to make decisions and understand information about my health.



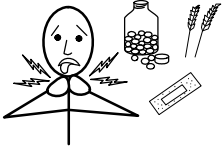
Here are some ways to **help me communicate** ...



There is space for more writing on the back.

# My Health

## Allergies



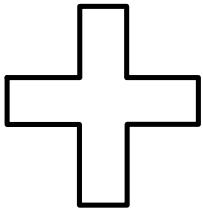
I am allergic to or I react badly to ...

## Learning Disability



Information about my learning disability and its causes ...

## Health



I have these health problems ...

## Medication

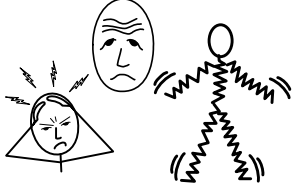


I take regular medication, the details are ...

I need help taking my medicine, please help me by ...

There is more space on the back, or you can attach more paper.

## When I feel ill



I show I am in pain or unwell by ...

**Please remember: An unexplained change in my behaviour probably means I am ill or in pain.**

## Support



I need some special help with ... (please )

Eating, drinking and diet

Going to the toilet

Looking after myself

Getting around and help with posture

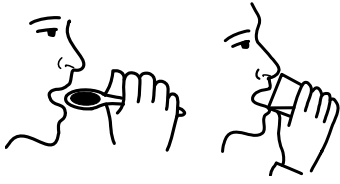
Keeping safe

Night times

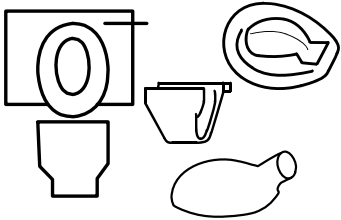
**I explain what help I need on page 3.**

# I need help with ...

Eating, drinking  
and diet



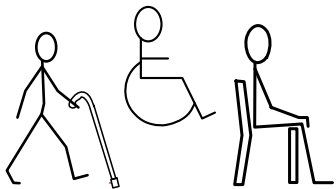
Going to the toilet



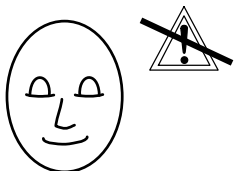
Looking after  
myself



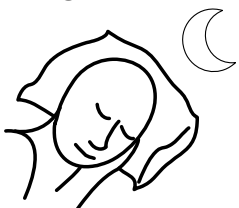
Getting around and  
help with posture



Keeping safe

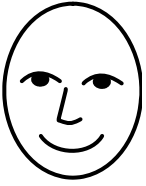


Night times



## About me

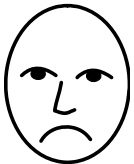
I like



**Things that make me feel more comfortable in hospital ...**

**Things that might make me uncomfortable or upset ...**

I don't like



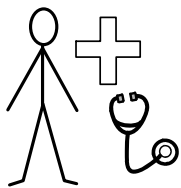
Stop



**Please don't ...**

## Other people who help me with my health

Doctor



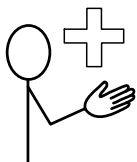
### My Doctor (GP)

Name: .....

Surgery: .....

Telephone: .....

Health  
Facilitator

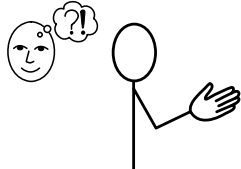


### My Health Facilitator (someone who helps me to get health services)

Name: .....

Telephone: .....

Learning Disability  
Team worker

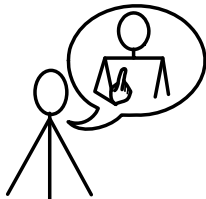


### My Community Learning Disabilities Team worker

Name: .....

Telephone: .....

Advocate



### My Lasting Power of Attorney (Mental Capacity Act)

Name: .....

Telephone: .....

---

Relationship: .....

Name: .....

Telephone: .....

---

Relationship: .....

Name: .....

Telephone: .....

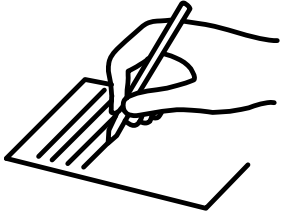
---

Relationship: .....

Name: .....

Telephone: .....

## Writing



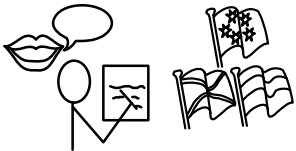
Use this space if you need to write more information about anything in this booklet.

## More information



Is there anything else you think the doctors and nurses at the hospital need to know about you?

## Different languages



**If you would you like this leaflet in another language or format, e.g. Braille, please contact Patient Services on 01527 512177**

**Bengali** “আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 01527 512177 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

**Urdu** “اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پبیشنٹ سروسز سے 01527 512177 پر رابطہ کریں۔”

### Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 01527 512177, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

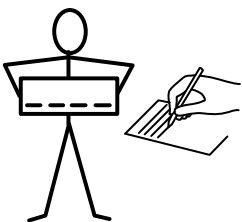
### Polish

“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 01527 512177.”

**Chinese** “如果您需要此份傳單的其他語言選擇或其他版本

(如盲人點字版/易讀版容易的閱讀),請致電 01527 512177 與病患服務處聯繫。”

## Written by



This form was filled in and / or changed by:

Name ..... Date .....

Name ..... Date .....

Name ..... Date .....