

Patient Passport

Please refer to guidance notes

This passport is to let you know that I have:

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



In partnership with:

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:

.....

.....

.....

.....

My preferred priorities for care should my physical health deteriorate:

.....

.....

.....

.....

.....

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

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mental health - learning disabilities - addictions

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