

**Things I like are**

Cup of tea in the morning

**Things I don't like are**

Being left on my own

**Other people who help me are**

| Name         | Telephone    |
|--------------|--------------|
| • Fred White | 00000 000000 |

**CONSENT - Please take into account the five principles of the Mental Capacity Act (2005)**

This passport is an adaptation originally produced by Shrewsbury Hospital NHS Trust.  
Humber Mental Health Teaching NHS Trust

**Patient Passport**

**This passport is to let you know that I have a learning disability and have additional needs.**

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

**Name** Joe Blogs

**Telephone number** 01482 000000

**Date of birth** 12/06/1956

**NHS number** 1234567890

**Date completed** 01/08/2007

**I am allergic to** Penicillin

**Known medical conditions** Diabetes, High blood pressure

**My doctor** Dr Ali

**Address** Dr Ahmed & partners

733 Holderness Road Hull

**Telephone** 01482 711112

**My religion** Not Stated

**My next of kin is** Sally Blogs

**Relationship to me** Mother

**Telephone** 01482 000000

**Contact details of someone who knows me well**

**Name** Martin Booth

**Relationship to me** community nurse

**Telephone** 01482 000000

**Medicines I take are**

| <b>Name</b> | <b>Dose</b> | <b>Times taken</b> | <b>Other details</b> |
|-------------|-------------|--------------------|----------------------|
| Tegretol    | 200mg       | 2 x Daily          | Specific Times       |

**I need help with**

Personal care: xxxxxxxxxxxxxx

Communication: xxxxxxxxxxxxxx

Keeping safe: xxxxxxxxxxxxxx

Eating And drinking: xxxxxxxxxxxxxx

Pain: xxxxxxxxxxxxxx

Going to toilet: xxxxxxxxxxxxxx

Behaviour: xxxxxxxxxxxxxx

Positioning: xxxxxxxxxxxxxx

Seeing / hearing: xxxxxxxxxxxxxx

Epilepsy: xxxxxxxxxxxxxx

Taking of medications: xxxxxxxxxxxxxx