

# Hospital Passport

# Things you must know about me



Name:

I like to be known as:



Date of Birth:



NHS No:



Allergies:



Emergency Contacts:



How I communicate/What languages:



I take medication for:

Current medication:



How I take my medication:



Other professionals informed and involved in my care:

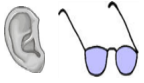


Contact/Next of kin:

My normal habits and other things you should know about me:

How to keep me safe (bed rails, support with behaviour):

## Things that are important to me



Any problems with my sight or hearing:

How you know I am in pain:

Moving around (posture in bed, walking aids):

Personal care (dressing, washing):

How I eat and drink (risk of choking, cutting up food):

How I use the toilet (continence aids, help I need):

Sleeping (my sleep pattern):

Treatments and procedures that make me anxious:

Other things you need to know about me:

Things I like:



Things I dislike:

