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| **This booklet is**  **All About Me**  For children, young people and adults with learning disabilities coming to Hampshire Hospitals NHS Foundation Trust    **My name is:**    If I am going to see a doctor, a podiatrist or  a dentist, ‘All about me’ book should come with me.  If I have to go to hospital, this book needs to go with me also. It gives hospital staff important information about me and make sure I get the best care.    My Photo |
| **This passport belongs to me. Please return it when I am discharged.** |

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| **Hospital Staff – please look at my passport before any investigations, care or treatment is provided.**  **Things you must know about me**  **Things that are important to me**  **My likes and dislikes**  **Either I have completed this passport, or a member of my family or support worker who knows me very well did.** |
| **Things you must know about me** | |
| Name:    Likes to be know as:    Date of Birth:  Address:      Tel No: | |
| How I communicate/ what language I speak: | |
| Family contact person:    Relationship e.g. Mum, Dad:  Address:  Tel No: | |
| My support needs and who give me the most support: | |
| My carers speaks: | |

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| **Date completed** **by**  **Date completed** **by** |

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| **Things you must know about me** |
| Religion:  Religious needs:  Ethnicity: |
| GP:  **Address:**    Tel No:    **Other services/ professionals involved with me: (For example, social worker, health visitor and their contact numbers)** |
| **Allergies:** |
| **Medical interventions – how to take my blood, give injection, take my blood pressure and so on** |
| **Heart/ Breathing problems:**  **Heart/ Breathing problems:** |
| **Risk of Choking, dysphagia (eating, drinking, swallowing):** |

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| **Date completed** **by** |

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| **Things you must know about me** |
| **Current Medication (Include dates of taking these; ‘from’ and ‘to’ if possible):** |
| **My medical history and treatment plan:** |
| **What to do if I am anxious:** |

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| **Date completed** **by** |

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| **Things that are important to me** |
| **How to communicate with me:** |
| **How I take medication (Crushed tablets, injections, syrup. Do I need my own cup, spoon?):** |
| **How do you know that I am in pain:** |
| **Moving around / Mobility needs (Posture in bed, walking aids):** |
| **Personal Care (Dressing, washing, brushing teeth)**: |

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| **Date completed** **by** |

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| **Things that are important to me** |
| **Seeing/ hearing (Problems with sight or hearing)**: |
| **How I eat (Food cut up, risk of choking, need help):** |
| **How I drink (For example small amounts, thickened fluids):** |
| **How I keep safe (Bed rails, support with challenging behaviour)**: |
| **How I use the toilet (Continence aids, help to get to the toilet):** |
| **Sleeping (Sleep pattern/ routine/ comfort items used e.g. own blanket)**: |

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| **Date completed** **by** |

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| **My likes and dislikes** |
| **Likes: for example – what makes me happy, things I like to do such as watching TV, reading, music, routines.**  **Dislikes: for example – don’t shout, food I don’t like, being touched**  MC900433161[1]MC900433160[1]  **Things I don’t like**  **Don’t do this:**  **Things I like**  **Please do this:** |

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| **Date completed** **by** |

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| **Notes** |
| **Additional Information which may be applicable and helpful for staff**   |  |  | | --- | --- | | **Catheter size and how often flushed** |  | | **Dressing type** |  | | **Gastrostomy tube type and size** |  | | **NJ/ NGT size** |  | |

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| **Useful contacts** |
| **For support / further information please contact your local Community Learning Disability Health Team.**  **Advice can be accessed from 9am to 5pm Monday to Friday.**  **North Hampshire Community Learning Disability Health Service**  **Call; Winchester (01962) 764560**  **Basingstoke (01256) 776151**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Southampton City Community Learning Disability Health Team**  **Call; (02382) 310300**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **West Hampshire Community Learning Disability Health Service**  **Call; New Forest (02380) 383444**  **Eastleigh (01329) 316226**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **East Hampshire Community Learning Disability Health Service**  **Call; Fareham & Gosport (01329) 316350**  **Havant & East Hants Base (02392) 441417** |

It is important that you **keep this document up to date**. A Blank copy of Hospital Passport can be downloaded from: http://www.hampshirehospitals.nhs.uk/patients-visitors/health-information-point-(hip)/information-for-learning-disabilities/hospital-passport.aspx

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| **Please contact the Community Learning Disability Health Team if you have any questions about the passport** |

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| **This Hospital Passport was developed by North Hampshire Hospitals NHS Foundation Trust/Southern Health NHS Foundation Trust based on original work by Gloucester partnership NHS Trust.** |