

My Health Passport



If I have to go to hospital this book needs to go with me, it gives professionals important information about me.

This passport needs to stay with me.



Name:

Nursing and medical staff please look at my passport before you do any interventions with me.

This passport belongs to me.
Please return it when I go home.

Things you must know about me

These things are important to me

My likes and dislikes

Things you must know about me



Name:

Like to be known as:



Phone:

Address:

Email:



Date of birth:



Nursery / School / College / Workplace:



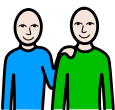
How to communicate with me:



My preferred language:



My communication aid:



Who is important to me:

Date completed:

Completed by:

Things you must know about me



Next of Kin contact:

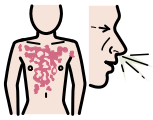
Address:

Relationship:
(e.g. Mum, Dad, Support Worker)

Phone:



My support needs and who gives me the most support:
(e.g. do you have a package of care, receive respite or hospice care)



Allergies:



Heart/Breathing problems:



Risk of choking, Dysphagia: (eating, drinking and swallowing)



GP:

Address:

Phone:



Other services/professionals involved with me:
(e.g. Social Services, Health Visitor, Community Children's Nurse)

Date completed:

Completed by:

Things you must know about me

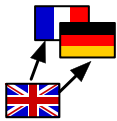


Spiritual needs::

Religion

Religious needs:

Ethnicity:



Interpreter requirements:

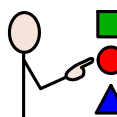


What to do if I am anxious:



How I take medication:

(Crushed tablets, injections, syrup...By Mouth, Gastrostomy/ naso-gastric tube)



Decisions about my treatment - Consent:

(I may need support to make decisions about my care)

Date completed:

Completed by:

Things you must know about me



My medical history:
(operations and illnesses / conditions and diagnoses, treatment plan)



Immunisations:



Medical Interventions:
(how to take my blood, give injections, BP etc.)

Date completed:

Completed by:

These things are important to me



How you know I am in pain:



Moving around:
(Posture in bed, walking aids, transfers, hoisting and sling)



Seeing/Hearing:
(problems with sight or hearing)



How I eat:
(Food cut up, help with eating, consistency of food/ Gastrostomy)

SALT Plan:

Dietitian Feeding Plan:

Other:

Date completed:

Completed by:

These things are important to me



How I drink:
(drink small amounts, thickened fluids, etc.)



How I keep safe:
(bed rails, support with challenging behaviour, etc.)



Behaviour Care Plan:



Personal care:
(Dressing, washing, etc)



How I use the toilet:
(continence aids, help to get to toilet, etc.)



Sleeping:
(sleep pattern/routine, sleep system in place)

Date completed:

Completed by:

My likes and dislikes

Likes: e.g. what makes me happy, things I like to do, watching TV, reading, music, routines. Environmental factors or sensory.

Dislikes: e.g. don't shout, food I don't like, physical touch.



Things I do like:

Please do this



Things I don't like:

Please don't do this

Date completed:

Completed by:

Notes

Large empty rectangular area for taking notes.

Date completed:

Completed by:

Notes

Large empty rectangular area for taking notes.

Date completed:

Completed by:

Notes

Large empty rectangular area for taking notes.

Date completed:

Completed by:

Useful Websites



www.widgit.com

www.widgithealth.com

www.widgitonline.com

www.mencap.org.uk

www.paulriddfoundation.org

www.wellchild.org.uk

www.tyhafan.org

www.togetherforshortlives.org.uk

www.medicinesforchildren.org.uk

www.childbereavement.uk.org

www.epilepsy.org.uk

My Health Passport is produced by **Widgit Software** in association with **Hywel Dda Children's Services** and **Sister Donna Richards, WellChild** and **Janet Millward Senior Nurse, Paediatrics (2019)**

 **WidgitHealth**

www.widgit-health.com



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