

Hospital Communication Passport

Please read this and keep a copy in my notes

This Hospital Communication Passport helps you to understand me and how to meet my needs whilst providing my care and treatment and supporting my dignity and safety. Abiding with UN Convention on the Rights of Persons with Disabilities, UN Convention on the Rights of the Child.

My Name:		My Date of Birth:	
My Home Address		Insert Photo	
Post Code:			
My Medicare Number:			
My Health Insurance Number (if applicable)			
My GP/Doctors Contact details			
Next of kin / My representative name:			
Contact Number:			
Relationship to me:		Language they speak:	

MEDICAL INFORMATION	
Allergies:	
Pre-existing medical conditions:	
Current Medication: <i>(Enter details of all medications name/dosage and frequency/and what medication is for)</i>	
How I take it (example: liquid /crushed tablet / through a syringe in my mouth / with food / other)	
Medical intervention, how to take my blood, give injections etc...	
Normal respiratory function YES/NO	Swallow normal YES/NO
Any airways issues:	

Disabilities/impairments/diagnosis:

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How best to support me and to keep me safe

I am Autistic I am Epileptic I have a epilepsy plan

I have a behaviour plan I have a feeding plan

(Others, please explain)

COMMUNICATION NEEDS

I communicate by

How I say Yes or No:

To help me understand I need:

When I am in pain you will know because I: (Example: become quite, start tapping my head, ears, tummy, become vocal, unsettled, start pointing)

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When I am upset or when I am worried I will:

SENSORY NEEDS

I can hear:

I can see:

I can feel:

PHYSICAL NEEDS

My physical disability/needs are:

I need support with the following: Dressing and washing

Eating and drinking Toileting Seating and mobility

Normal diet/ specialist diet e.g. purée/ tube fed:

I need the following help to eat:

I need the following help to drink:

Level of support I need with my personal care: 1:1, 2:1