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| GREEN  AMBER  RED    MY HEALTH PASSPORT  Name:  Completed by: Date: | |
|  | This leaflet will help hospital staff to know important things about me. |
|  | Hospital staff need to keep this where everyone involved in my care can read it. |
|  | I should always be involved in decisions about my care.  All members of the multi-disciplinary team that look after me should read this. |

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| RED ALERT  Things you must know about me. | |
|  | Name:  I like to be known as:  NHS Number: |
|  | Address:  .  Tel. No.:  Date of Birth: |
|  | G.P.: Address: |
|  | Next of Kin:  Relationship:  Tel. No.: |
|  | Keyworker / Main Carer: GRS Care provider  Tel. No.: |
|  | Professionals involved: |
|  | Strongly held beliefs / Religion: |

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|  | I can read: |
|  | My Allergies:  The Medication I take is: |
|  | My current Medical Conditions:  Brief Medical History:  Date of last health check:  Date of last cancer screening: |
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|  | How to take my blood, give me injections, take my temperature, medication, BP etc.:. |
|  | Things that may upset me:  I am scared of: |
|  | My Eating & Drinking issues are: Diabetes, |
|  | I can speak up for myself: Yes |

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| AMBER  Things that are really important to me. | |
|  | Communication – How to communicate with me. |
|  | Information sharing – How to help me understand things. |
|  | My seeing / hearing – Problems with sight or hearing |
| teeth | My teeth – oral hygiene, dental care. |
|  | Eating (swallowing) –  Food cut up, choking, help with feeding. |
|  | Drinking (swallowing) – To drink I need – |
|  | When going to toilet – I need help with – |
|  | Moving around – I need help moving around. Yes 🞏 No 🞏  I use specialist equipment - Yes 🞏 No 🞏  Details – |
|  | When taking medication –  I like –  I don’t like – |
|  | When I am in pain – |
|  | How I sleep – |
|  | Keeping safe – To keep me safe I need – |
|  | Personal Care –  I need help I don’t need help |
|  | Things which make me upset or ill – |
|  | Level of support –  I need someone to stay in hospital with me –    In the day Yes 🞏  In the night No 🞏 |

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| GREEN  Things I would like to happen | | | |
|  | Things that make me happy. |  | Things that make me sad. |
|  | Things I like. |  | Things I don’t like. |
|  | What food I like. |  | What food I don’t like. |

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|  | For help, advice and support please contact – | | |
|  | Address | Telephone | Fax |
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