

Health and Care Passport

Name:



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This Health and Care Passport should be completed by you and the people that know you best. By filling it in, you are giving permission for your information to be shared with health and care staff who are caring for you. This is called consent.

Tick yes if you agree to this.

To those people providing care to me: This health care passport has information about me, to help you support and care for me. You can get more information about my medical records through the Health Information Exchange on the Great North Care Record.




My name is...


I like to be called...

My pronouns are:


he/his she/her they/them




NHS number...



Date of birth...



Address...



Mobile number...

Landline number...

How well do I know and understand speech...



What languages I speak...



Communication aids or tools I use...



The best way to give me information is:
e.g. easy read, with carer etc.



Where I live:



- Live independently
- Supported living
- Shared house
- Live with family
- Live with 24 hour support

Daily / weekly hours of support

I have support:



- Every day of the week
- 1 day a week
- 2 days a week
- 3 days a week
- 4 day a week
- 5 days a week I don't have support
- 6 days a week I don't know

How many hours support a week do I have...



Who do I normally live with...

I need help to dress

What help do I normally need...



I need help to wash

What help do I normally need...



I need help to brush my teeth

What help do I normally need...



I need help to toilet
What help do I normally need...



I use continence aids
What I use..



Normally I poo...

- at least once a day
- at least once every 2 days
- at least once every 3 days
- at least once a week
- unsure



I need help choosing my food and drink
What help do I normally need...



I need help to eat
What help do I normally need...



My food should be:

- Cut up
- Pureed

I need help to drink
What help do I normally need...

My drink should be:

- Given in small amounts
- Given using a specific type of cup
- Thickened



I need help with my posture
when sitting / lying

What help do I normally need...



I need help to get about

What help do I normally need...



How do you know I am in pain...



How to support me if I'm in pain...



Different ways I communicate when I am distressed...



Things that are likely to cause me distress (triggers)...



Things you can do to help me not become distressed...



Things that you can do to support me when I have already become distressed....



Normally...

- I sleep a lot
- I am usually very quiet
- I am very chatty

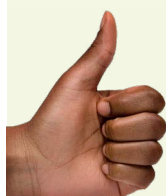




If I am staying in hospital who needs to stay and how often..



What to do to help me in places that are strange for me...



How to support me to be happy...



When I'm happy I will...



How to support me to keep calm and happy (consider pain relief)...



How I take medicine:
You can tick more than one box...

whole tablet

injection

crushed tablet

syrup

other

Seeing (problems with sight):



I have problems with my sight

I wear glasses

I have poor sight

I am partially sighted or registered blind



[More information on my sight...](#)

Hearing (problems with hearing):



I have problems with my hearing

I wear a hearing aid

I lip read

[More information about my hearing...](#)

Food and Drink:



I eat all food

I am dairy free

I am vegetarian

I have food allergies

I am vegan

I eat Halal food

I am gluten free



My food allergies are...

Other food concerns...

I am at risk of choking...

Yes

No

Additional information...



How I keep safe... e.g. bed rails, support with challenging behaviour, do I wander, do I fall



Sleeping, my normal sleep patterns and routine are...



Things I like, please do this...



Things I don't like, please don't do this...



3 things that will make my stay
in hospital better...



Is there any other information we
should know whilst you are in hospital...



Have you had help to complete this Health and Care
Passport? Tick yes or no.

If yes who has helped you?