

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:



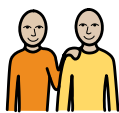
How to communicate with me:



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)

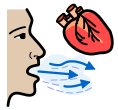
Phone:



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:

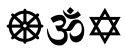


Other services/professionals involved with me:
(e.g. Social Services, Health Visitor, Community Children's Nurse)

Date completed:

Completed by:

Things you must know about me



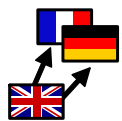
Spiritual needs:



Religion:

Religious needs:

Ethnicity:



Interpreter requirements:

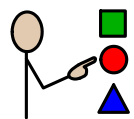


What to do if I am anxious:



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:

Dietician Feeding Plan:

Other:

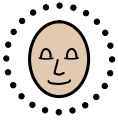
Date completed:

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

Blank area for notes.

Date completed:

Completed by:

Notes

Blank area for notes.

Date completed:

Completed by:

Notes

Blank area for 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 (2021)

 **WidgitHealth**

www.widgit-health.com



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board