VIP hospital passport

This VIP Passport gives the hospital staff important information about you.

Please take it with you if you need to go into hospital. Keep it next to you at your bed. If you need help to fill it in ask a member of your family, a friend, a member of staff, your GP or nurse.

About me

My name: .....

I like to be called: .....

My religious needs are: .....

My ethnic background is:.....

Language/s I speak: ..... Understand: .....

Language/s my carer speaks:..... Understands:.....

Things I like to do and talk about:	Things I don't like to do and talk about:

Other services involved with me:

(social services, other health services, other)

Date ..... Review date .....

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About my health

If I need emergency treatment you should know:

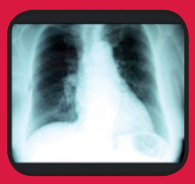
(I have epilepsy, diabetes, asthma,
mental health illness, take anti-coagulants, other)

I am scared of needles: ☐ Yes ☐ No

How you can help me:

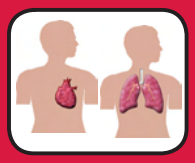
I am allergic or sensitive to:

How you can help me:



How best to give medical interventions:

(take my blood, give an injection, take blood pressure, take an X-ray, other)



Any heart or breathing difficulties?

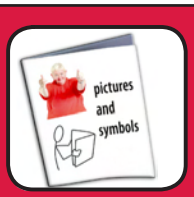
How I take medication

(crushed, injected, syrup, with food, other)

Please bring a list of the medication you take now.

Operations or illnesses I have had:

How I communicate



To help me understand what is happening and what treatment I need please use:

(easy words, photos, signs, pictures, objects, video, other)

I communicate by:

(speaking, signing, pictures, objects, facial expression, behaviour, other)

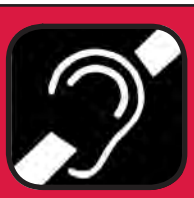
Name..... Date..... Review date .....

If I seem worried, angry or upset, I may:

You can help me with this by:

I will let you know I am in pain by:

(telling you, pointing, being noisy or quiet, crying, self harming, other)



About my hearing:

(I have a good or not so good side, I am sensitive
to noise, I need to see your lips when you speak to me, other)

About my sight:

(I have a better side for you to approach me from,
I wear glasses, lenses, certain lights bother me, other)

Eating and drinking

How I eat: (food liquidised, mashed, cut small, cooled, support needed, special equipment needed, risk of choking, other)

.....

Foods I like: .....

Foods I don't like: .....

Special diet: .....

Risk of choking when eating, drinking and swallowing:

.....

How I drink: (small amounts, thickened, special cup, cooled, other)

.....

Drinks I like: .....

Drinks I don't like:.....

Name..... Date..... Review date .....

Personal care

	How to help with my personal care (washing, bathing, dressing, other)
	How to support me at the toilet (show where, help to get to, help at the toilet, stay with, fully assist, hoisting equipment, continence aids, other)
	How to help me moving around: (posture, positioning in bed, turning, walking aids, use of steps or lifts, hoisting equipment, other)
	To help keep me safe: (bed rails, supervision needed, someone with me at night, vulnerability, other)

Leaving hospital

	What people need to do before I leave hospital:
	When planning for me to go home you need to talk to:
	If I need support after I leave hospital the Community Learning Disability Team may be able to help. Contact them on .....
	I will need help to get home from hospital: ☐ Yes ☐ No

Name..... Date..... Review date .....