

# My Hospital Passport

<b>RED</b> Things you <b>must</b> know about me	<b>AMBER</b> Things that are really important to me	<b>GREEN</b> Things I like and dislike
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Hello, my name is:

#hello my name is...

Photograph of your child  
(optional)

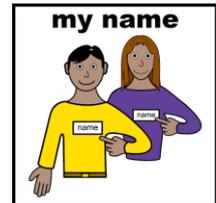
This gives hospital staff important  
information about you.

Please take it with you if you have to go into  
hospital.

# RED

## Things you must know about me.

Name:



Date of Birth:



Hospital Number:



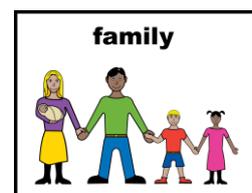
Address:



Telephone Numbers:

Parent/Carers Names:

Family/people who are important to me



Brief Medical History

Allergies:

Current medication:



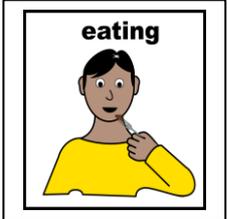
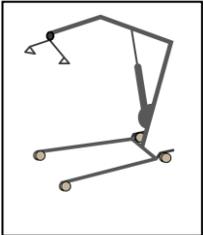
**How to Communicate with me.**

Preferred language (including Makaton, PECS, BSL, non-verbal etc)



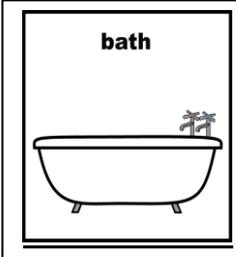
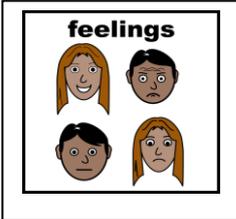
## AMBER

### Things that are really important to me.

<p><b>Seeing/hearing:</b> (Include visual conditions, glasses, sensitivity to light/hearing problems, sensitivity to sound)</p> <p>Does your child like sensory play in hospital?</p>	<div style="text-align: right;">     </div>
<p><b>Eating and drinking:</b></p> <p>(include likes &amp; dislikes/support needed/temperature /texture)</p>	<hr style="width: 60%; margin-left: 0;"/> <div style="text-align: right;">  </div>
<p><b>Going to the toilet:</b></p> <p>(Am I independent? Do I need nappies/pads)</p>	<div style="text-align: right;">  </div>
<p><b>Taking medication:</b></p>	<div style="text-align: right;">  </div>
<p><b>Moving around:</b></p> <p>(Include wheelchair and cushions, hoist, safety needs)</p>	<div style="text-align: right;">  </div>

# AMBER

## Things that are really important to me.

<b>Sleeping</b>		
<b>Hygiene and personal care</b> (include details about words you use when talking to me about my body)		
<b>Dressing</b> (include any support I need)		
<b>How to express how I am feeling</b>		

<b>GREEN</b> <b>Things I like and dislike.</b>			
<b>THINGS I LIKE</b> Please do this:		<b>THINGS I DON'T LIKE</b> Don't do this:	
Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.			
			

<p><b>Completed By:</b></p> <p><b>Relationship to child:</b></p> <p><b>Date:</b></p>
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Adapted from an original form designed by: Kevin Elliot, Health Facilitator, Gloucestershire Partnership Adapted from an original NHS Trust