



FBH245490



Surname:	UR No:
Given Name:	
DOB:	Sex:
(use label if available)	

# This is my Hospital Passport

If I have to go to hospital, this book needs to go with me.  
It gives hospital staff important information about me.

It should be kept by my bed and a copy should be put in  
my file.



Nursing and medical staff please look at my passport before you do  
any interventions with me.



Name:



Date of birth:



Address:



Language/culture:   
Interpreter required:

This Hospital Passport is based on original work by South West London Access to Acute  
Group and Gloucester Partnership NHS Trust.



The Hospital Passport was completed on:  Review date:



Contact 1:  
Relationship:  
Contact information:

Contact 2:  
Relationship:  
Contact information:

**Please discuss my treatment and decisions with:**



My GP:  
Contact information:

Other people involved in my care: (e.g. case manager, physiotherapist - include contact details)



**I identify as:**

Aboriginal  Torres Strait Islander  Prefer not to say  Neither

Please refer me to the Aboriginal Hospital Liaison Officer



Allergies:



**Summary of current condition and past medical history:** (including details of any previous procedures)

Name:

DOB:

Gender:



**Medication summary:**

Blank space for writing the medication summary.



**What I do when I am anxious:** (e.g. behaviours during times of stress etc.)

**How you can help when I am anxious:**

Blank space for writing about anxiety management strategies and how to be helped.



**How to communicate with me:**

Blank space for writing communication preferences.

Name:

DOB:

Gender:



**How to give medical care:** (e.g. taking BP, giving injections)



**How I take medication:** (e.g. crushed, liquids)



**How you know if I'm in pain:**



**How I move around:**



**How to help me with personal care:** (e.g. bathing, dressing)

Name:

DOB:

Gender:



**My sight and hearing:**



**How I eat:** (e.g. type of diet, tube feeding, level of assistance)



**How I drink:** (e.g. thickened fluids, type of cup, level of assistance)



**How to keep me safe:** (e.g. bed rails, supervision)



**How I use the toilet:** (e.g. continence aids, level of assistance)



**How I sleep:** (e.g. routines, patterns)

Name:

DOB:

Gender:

# My likes and dislikes

Things I like:



Things I don't like:



**My normal day:** (e.g. routines, schedules, community participation)

Name:

DOB:

Gender:

# Notes

Lined area for taking notes.

Name:	DOB:	Gender:
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# Getting ready for discharge

**During your hospital stay, the doctors and staff will work with you to plan for your discharge. You, your family and caregivers are important members of the planning team. It is good for you to ask questions and get as much information as you can before you leave hospital. You can use this page as a guide to help get ready for discharge.**

## **Your health:**

- Ask your doctors and nurses about:
  - Your health condition and what you can do to help yourself get better
  - Problems to watch out for and what to do about them. This may include possible reasons why you might need to come back to hospital or to see your GP. Make sure you have a phone number to call in case you have problems
  - Any follow up appointments that have been made or that will need to be booked with your GP
  - Any special care instructions, such as changing dressings. Ask the nurse to show you and your caregiver how to do these tasks.
- If you are being discharged and you do not feel well enough, ask the nurse if you can speak to the treating doctor or the Nurse Unit Manager to discuss your concerns.

## **Your medications:**

- Ask your doctor if there have been any changes to your medications, and make sure you have a copy of your updated medication list.
- A hospital pharmacist should visit you before you go home. Talk to the pharmacist about your medications, including when and how you should take them and any possible side effects.
- You may need to ask the pharmacist to send your medication list to your chemist.

## **Your support:**

- Ask your nurse and care team:
  - If you have been referred to any community services, specialists or other health services
  - About any equipment you might need to keep you safe
  - About any help you might need with day to day tasks like showering
  - If there is any special diet you need to follow
  - About talking to a Social Worker if you are feeling worried about leaving hospital or how you are coping with your health and wellbeing.