

Hospital Identifier:

This is my Health Passport

Capturing important information about me and my health care needs.

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me. It needs to be available to staff and a copy can be found in Alerts on BOSSNet.

My name is:

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

1	Things you must know about me
2	Things that are useful to know about me
3	My likes and dislikes

I am NDIS registered

Yes

No

Date completed

Completed by (Name)

This document belongs to me. Please return it to me or my carer.

Things you must know about me



* Mandatory field

Details of the person in this health passport

Full name*

I'd like to be known as*

Date of birth* Age*

Gender* Female Male Prefer not to say

Other

My cultural background and spiritual beliefs.

Aboriginal but not Torres Strait Islander Both Aboriginal and Torres Strait Islander

Torres Strait Islander but not Aboriginal Another

Address*

Suburb* Post code*

State*

Phone number* Other*

Email

Medicare Number IRN*

My doctor or general practitioner (GP)

Full name*

Practice*

Things you must know about me

* Mandatory field

Best contact person/s (e.g. next of kin or Support Coordinator)

Full name	Relationship to patient	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I live with*

<input type="checkbox"/> Family	<input type="checkbox"/> Supported accommodation	<input type="checkbox"/> Lives with other unrelated people
<input type="checkbox"/> Lives alone	<input type="checkbox"/> Private facility	<input type="checkbox"/> Lives in public housing
<input type="checkbox"/> Lives with paid carer	<input type="checkbox"/> Lives with unpaid carer	<input type="checkbox"/> Residential aged care
<input type="checkbox"/> Other (Please specify)	<input type="text"/>	

Language*

<input type="checkbox"/> English	<input type="checkbox"/> Hindi
<input type="checkbox"/> Samoan	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Spanish
<input type="checkbox"/> Other (Please specify)	<input type="text"/>

Things you must know about me

* Mandatory field

My health documents

The time may come possibly through sudden injury or serious illness – when you cannot speak for yourself. These documents record your wishes about your future health care and/or appoint someone to make decisions for you if you were unable to make them for yourself.

I have the following health documents*

Please select one

Advance Care Directive

Appointed support person

Appointed medical treatment decision maker

Appointed (VCAT) Guardianship

Power of Attorney - enduring

Power of Attorney - non-enduring

No

Other

Please bring copies of any documents with you to hospital.

Things you must know about me

Identified disabilities

* Mandatory field

Please select all appropriate

Please select one

Development delay
(only for children 0 - 5)

Physical disability

Intellectual impairment

Acquired brain injury

Specific learning
(other than intellectual)

Neurological
(including epilepsy and Alzheimer 's disease)

Autism spectrum disorder
(including Asperger's)

Deaf or blind
(dual sensory)

Other (Please specify)

Level of support required

Please select all appropriate

Please select one

Full support
(require full care for all day to day activities)

Limited support
(requires some daily assistance but mostly independent)

Partial support dependent
(require intensive assistance but can do some activities for myself - cannot be left alone)

Occasional support
(lives independently with some support)

Partial support with independence
(require some assistance and can do some activities - can be left alone)

Completely independent

Other (Please specify)

Things you must know about me

My communications style

* Mandatory field

I can usually communicate verbally?*

Please select one

Yes

No

This helps me to talk to you

My communication system
(if yes, please name the system in other)

Symbols

Gesturing

When you wait for me to respond

Pictures

Simple words

Facial expressions

My supporter/carer

Other

This is what helps me to understand you

Short plain sentences

Simple words

Concrete examples

Diagrams or pictures

Checking to see if I understand

Asking me to explain it

Asking my supporter/carer to explain it to me

Using real objects

Giving me a demonstration

Please communicate with me by

Speaking directly to me

Taking time to tell me

Waiting for me to respond

Writing down notes in my care plan

Knowing I cannot talk but can hear and understand

Things you must know about me

Medical problems*

* Mandatory field

Yes No Unsure Please select one

e.g. heart, breathing

Medical history and treatment plan*

Please advise of major surgeries, medical interventions and current care plans.

Medications*

I take medications?

Yes No Unsure Please select one

Details

Things you must know about me

* Mandatory field

Risk of choking or dysphagia (eating, drinking or swallowing) difficulties

I have difficulties eating, drinking or swallowing?*

Yes

No

Unsure

Please select one

Details

Allergies or adverse reactions*

Yes

No

Unsure

Please select one

Details

Things you must know about me

Normal behaviours for me

* Mandatory field

e.g. sometimes I grunt and groan and rock back and forth but this is normal for me.

Things that make me anxious or nervous and what to do

e.g. please do not leave me unattended.

How you know I am in pain

e.g. when I rock back and forth in my chair it usually means I am uncomfortable or distressed which can be due to pain.

Medical assessments

e.g. the best way on how to undertake assessment with me

Things that are useful to know about me

Services/professionals in my care

* Mandatory field

Full name	Occupation/role	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

My mobility and falls risk

e.g. walk with assistance, need to be wheeled in wheel chair

How I use the toilet

e.g. continence aides, help to get to the toilet

Things that are useful to know about me

Personal care

* Mandatory field

e.g. dressing and washing

How I eat

e.g. food cut up, pureed, help with eating

How I drink

e.g. small amounts, thickend fluids, straw

Seeing/hearing

e.g. problems with sight or hearing?

Things that are useful to know about me

How to keep me safe

* Mandatory field

e.g. bed rails, support with challenging behaviour etc.

My comfort items

e.g. things that reduce my anxiety

Sleeping

e.g. your sleep pattern/routine

My likes and dislikes

Things that I like and make me feel comfortable

e.g. being talked to softly, background music, having my mum with me etc.

Things I dislike and make me feel uncomfortable

e.g. sudden loud sounds frighten me, being left alone etc.

My likes and dislikes

Notes

Other information I would like to share?
e.g. routine

Barwon Health, 2023

Adapted hospital passport concept
developed by the Health Facilitation Team,
2gether NHS Trust (formally Gloucester
Partnership NHS Trust).