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

Barwon Health

* Mandatory field

Details of the person in this health passport

Full name*

I'd like to be known as*

Date of birth*

Age*

Sex at birth*

- ☐ Female
- ☐ Male
- ☐ Another term

Gender identity

- ☐ Female
- ☐ Male
- ☐ Non- Binary
- ☐ Prefer not to answer
- ☐ Another term

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*

Things you must know about me

Barwon Health

* Mandatory field

My doctor or general practitioner (GP)

Full name*

Practice*

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

Full name	Relationship to patient	Phone number

I live with*

- ☐ Family
- ☐ Supported accommodation
- ☐ Lives with other unrelated people
- ☐ Lives alone
- ☐ Private facility
- ☐ Lives in public housing
- ☐ Lives with paid carer
- ☐ Lives with unpaid carer
- ☐ Residential aged care
- ☐ Other (Please specify)

Language*

- ☐ English
- ☐ Hindi
- ☐ Samoan
- ☐ Mandarin
- ☐ Vietnamese
- ☐ Spanish
- ☐ Other (Please specify)

Things you must know about me

Barwon Health

* 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

Barwon Health

Identified disabilities

* Mandatory field

Please select all appropriate

Please select one

- [ ] Development delay (only for children 0 - 5)
- [ ] Intellectual impairment
- [ ] Specific learning (other than intellectual)
- [ ] Autism spectrum disorder (including Asperger's)
- [ ] Other (Please specify)
- [ ] Physical disability
- [ ] Acquired brain injury
- [ ] Neurological (including epilepsy and Alzheimer 's disease)
- [ ] Deaf or blind (dual sensory)

Level of support required

Please select all appropriate

Please select one

- [ ] Full support (require full care for all day to day activities)
- [ ] Partial support dependent (require intensive assistance but can do some activities for myself - cannot be left alone)
- [ ] Partial support with independence (require some assistance and can do some activities - can be left alone)
- [ ] Other (Please specify)
- [ ] Limited support (requires some daily assistance but mostly independent)
- [ ] Occasional support (lives independently with some support)
- [ ] Completely independent

Things you must know about me

Barwon Health

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

Barwon Health

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

Barwon Health

* 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

Barwon Health

* Mandatory field

Normal behaviours for me

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

Barwon Health

Services/professionals in my care

* Mandatory field

Full name	Occupation/role	Phone number

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

Barwon Health

* Mandatory field

Personal care

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

Barwon Health

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

Barwon Health

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

Barwon Health

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).