



# This is my Hospital Passport



For children and young people with Learning Disabilities and or Autism coming in to hospital

My name is:

I like to be called:

Hospital number:

NHS number:

Parental responsibility name:

Contact number:

Reasonable adjustments: Things that I need to help me and my family access health services

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

Things you must know about me

Things that are important to me

My likes and dislikes

Date completed

by



# Things you MUST know about me

Name:

Likes to be known as:

Address:

Date of birth:

GP:

Address:

Parental responsibility name:

Relationship:

Tel No:

Next of Kin:

Relationship:

Tel No:

Religion:

First Language :

Allergies:

Current medication:

Current medical conditions:

Nutrition: Any special feeding / dietary needs:

Discussion about Advanced Care planning if appropriate: (including, TEAL / RESPECT forms): YES/NO/NA/Comments

Date of last annual health check:

Other Healthcare Professional:

Name:

Contact number:


# Things you MUST know about me



# Things that are important to me

**Communication** (How to communicate with me)  
First Language/ Sign Language/ Makaton

**Information sharing** (How to help me understand things)

**Seeing/Hearing** (Any glasses/hearing aids worn)

**Eating/Drinking** (what support I need, how you know I'm hungry/thirsty)

**Going to the toilet** (Any continence aids needed)

**Moving around** (Any equipment needed)

**Taking medication** (Crushed tablets/syrup needed)

**Pain** (How you know I'm in pain)

**Sleeping** (What my routine is) Aids, Toys, Blankets

**Personal care** (dressing/washing)

**Level of support** (Who needs to stay with me)

# Things that are important to me

A large white rectangular area for writing, set against an orange background with decorative circular patterns.

# My likes and dislikes

Think about what makes you happy, what upsets you, things that you like to do i.e. watch television. Also think about how you want people to talk to you (not shouting), food likes and dislikes, routines and things that keep you safe.

## Things I like

Please do this:



## Things I don't like

Please don't do this:



What you can do to help me stay happy & Calm



What to do if I am anxious or frightened



# My likes and dislikes



# Contacts and useful links



**Solihull Children's Community Learning Disability Nurses**  
0121 746 4443

**Birmingham Community Learning Disability Nurses**  
0121 301 4390


**Birmingham Children's Hospital  
Learning Disability Liaison Nurses – via switchboard**  
0121 333 9999

**Crisis support Solihull SOLAR**  
0121 301 2750/ 0121 301 5500

**Crisis Support Forward Thinking Birmingham**  
0300 300 0099



**Vulnerabilities Team  
at University Hospitals Birmingham**  
(Including Queen Elizabeth Hospital, Heartlands Hospital,  
Good Hope Hospital and Solihull Hospital)  
07768 926651  
(During Monday – Friday 8am – 4pm)



**Useful links**  
**Mencap** - [www.mencap.org.uk](http://www.mencap.org.uk)  
**People First** - [www.peoplefirstltd.com](http://www.peoplefirstltd.com)

