



# MY HOSPITAL PASSPORT

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With thanks to SHINE for  
helping us to help you.



## Shine

Spina bifida • Hydrocephalus  
Information • Networking • Equality



# This is my Hospital Passport

**My name is:**

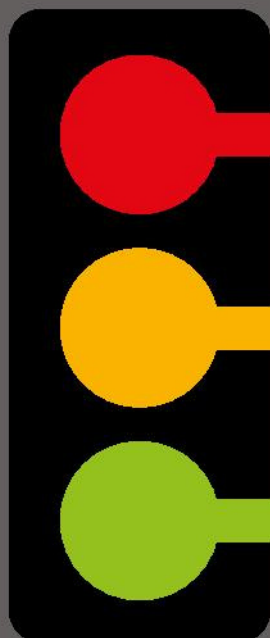
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



**This passport belongs to me. Please return it when I am discharged.**

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**

This hospital passport was adapted by Shine from the South West London Access to Acute Group which was an original work by Gloucester Partnership NHS Trust.

# Things you must know about me

1



Name:

Likes to be known as:



NHS number:

Date of Birth:



Address:

Tel No:



How I communicate/What language I speak:



Family contact person, carer or other support:

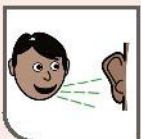
Relationship e.g. Mum, Dad, Home Manager, Support Worker:

Address:

Tel No:



My support needs and who gives me the most support:



My carer speaks:

Date completed

by



# Things you must know about me

2



Religion:

Religious/Spiritual needs:

Ethnicity:



GP:

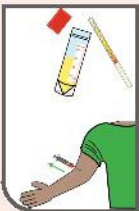
Address:

Tel No:

Other services/professionals involved with me:



Allergies:



Medical Interventions – how to take my blood, give injections, BP etc.

Mitrofanoff Alert ☐ Yes ☐



Heart  
Breathing problems:



Risk of choking, Dysphagia (eating, drinking and swallowing):

Date completed  by

# Things you must know about me

3



**Current medication:**



**My medical history and treatment plan:**



**What to do if I am anxious:**

Date completed

by

# Things you must know about me

4



The areas of my body vulnerable to pressure sores are



Pressure area care



Equipment needs for pressure areas

Date completed

by

# Things that are important to me

5



**How to communicate with me:**



**How I take medication: (whole tablets, crushed tablets, injections, syrup)**



**How you know I am in pain:**



**Moving around: (Posture in bed, walking aids)**



**Personal care: (Dressing, washing, etc)**

Date completed

by

# Things that are important to me

6



**Seeing/Hearing: (Problems with sight or hearing)**



**How I eat: (Food cut up, pureed, risk of choking, help with eating)**



**How I drink: (Drink small amounts, thickened fluids)**



**How I keep safe: (Bed rails, support with challenging behaviour)**



**How I use the toilet: (Continence aids, help to get to toilet)**



**Sleeping: (Sleep pattern/routine)**

Date completed

by



# My likes and dislikes

7

**Likes:** for example - what makes me happy, things I like to do  
i.e. watching TV, reading, music, routines.

**Dislikes:** for example - don't shout, food I don't like, physical touch.

## Things I like

Please do this:



## Things I don't like

Don't do this:



Date completed

by



**Include your useful websites & contacts here:**

**[www.shinecharity.org.uk](http://www.shinecharity.org.uk)**

**Shine, 42 Park Road, Peterborough, PE1 2UQ**

**Call: 01733 555988   Email: [info@shinecharity.org.uk](mailto:info@shinecharity.org.uk)**

**Please contact Shine if you have any questions about the passport**

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