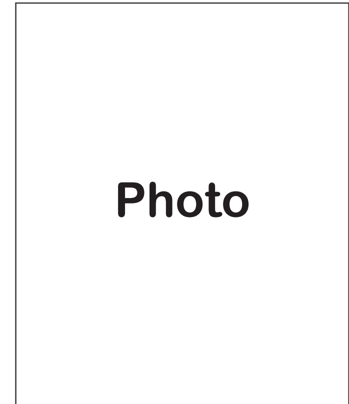
In partnership with 2gether NHS Foundation Trust and
Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire NHS
Health Community



Hospital Passport

Make sure that all the staff who look after you read this document

This passport gives hospital staff important information about you.

Take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

Information for hospital staff

Please inform hospital liaison nurses and record date in notes.

Please note: Value judgements about quality of life including decisions on resuscitation must be made in consultation with you, your family, carers and other professionals. This is necessary to comply with the Mental Capacity Act 2005.

This document can also be completed online at:
www.2gether.nhs.uk/about-us/key-documents-resources/

RED ALERT

Things you must know about me

Name:	NHS number:
Likes to be known as:	Date of birth:

Address:

Telephone number:

GP name:

Accommodation	
Living with family and friends	☐
Privately rented	☐
Supported accommodation	☐
Housing association	☐
Residential home	☐
Nursing home	☐
One to one hours in 24hrs	☐
Shared care hours in 24hrs	☐
Other	☐

GP address:

GP telephone number:

Next of Kin	Relationship	Telephone
Key worker/main carer	Relationship	Telephone
Professionals involved	Relationship	Telephone
Contact in an emergency	Relationship	Telephone
Religion	Religious requests	

Current medication and medical conditions - e.g. epilepsy, allergies, heart problems, breathing problems, eating and drinking issues, PEG etc.

Brief medical history

Medical interventions - e.g. how to take my blood, give injections, take temperature, medication, BP etc.

Behaviours that may challenging or cause risk:

Level of comprehension/capacity to consent to care and treatment:

Completed by: Date:

AMBER
Things that are really important to me

Communication - e.g. how to communicate with me and how I communicate.

Information sharing - e.g. how to help me understand things. For example: easy read, objects of reference. Inform others etc.

Sight and Hearing - e.g. problems with sight or hearing, use of equipment such as glasses, hearing aids etc.

Eating (swallowing) - e.g. food cut up, choking; help with feeding, special equipment.

Drinking (swallowing) - e.g. small amounts, choking, help required, special equipment, thickened drinks.

Going to the toilet - e.g. continence aids, help to get to toilet.

Moving around - e.g. posture in bed, walking aids.

Taking medication - e.g. crushed tablets, injections, syrup, assistance required.

Pain - e.g. how I express pain, for example: verbally, facial expressions, pictures, noises etc.

Sleeping - e.g. sleep pattern, sleep routine, equipment required.

Keeping safe - e.g. bed rails, behaviour, absconding, managing equipment in room.

Personal care - e.g. dressing, washing etc. support required, special needs.

Level of support - e.g. who needs to stay and how often.

Completed by: Date:

GREEN
Things I would like to happen

My likes and dislikes

Things I like	Things I don't like
Please do this:	**Please don't do this:**

Think about - what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you , for example - don't shout. Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.

Completed by:	Date:

Review date: April 2019

Produced by the Learning Disability Health Facilitation Team