VIP hospital passport

This VIP Passport gives the hospital staff important information about you.

Please take it with you if you need to go into hospital. Keep it next to you at your bed. If you need help to fill it in ask a member of your family, a friend, a member of staff, your GP or nurse.



About me

	My name:			
Name 9	I like to be called:			
Church	My religious needs are:			
Temple	My ethnic background is:			
	Language/s I speak:	. Understand:		
	Language/s my carer speaks:	Understands:		
	Things I like to do and talk about:	Things I don't like to do and talk about:		



Other services involved with me:

(social services, other health services, other)

Date Review date

NHS

About my health



If I need emergency treatment you should know:

(I have epilepsy, diabetes, asthma, mental health illness, take anti-coagulants, other)



I am scared of needles: Yes No

How you can help me:



I am allergic or sensitive to:

How you can help me:



How best to give medical interventions:

(take my blood, give an injection, take blood pressure, take an X-ray, other)



Any heart or breathing difficulties?



How I take medication

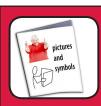
(crushed, injected, syrup, with food, other)

Please bring a list of the medication you take now.



Operations or illnesses I have had:

How I communicate



To help me understand what is happening and what treatment I need please use:

(easy words, photos, signs, pictures, objects, video, other)



I communicate by:

(speaking, signing, pictures, objects, facial expression, behaviour, other)



If I seem worried, angry or upset, I may:

You can help me with this by:



I will let you know I am in pain by:

(telling you, pointing, being noisy or quiet, crying, self harming, other)



About my hearing:

(I have a good or not so good side, I am sensitive to noise, I need to see your lips when you speak to me, other)



About my sight:

(I have a better side for you to approach me from, I wear glasses, lenses, certain lights bother me, other)

Eating and drinking



How Loat: (food liquidisad mashed cut small cooled support pooded

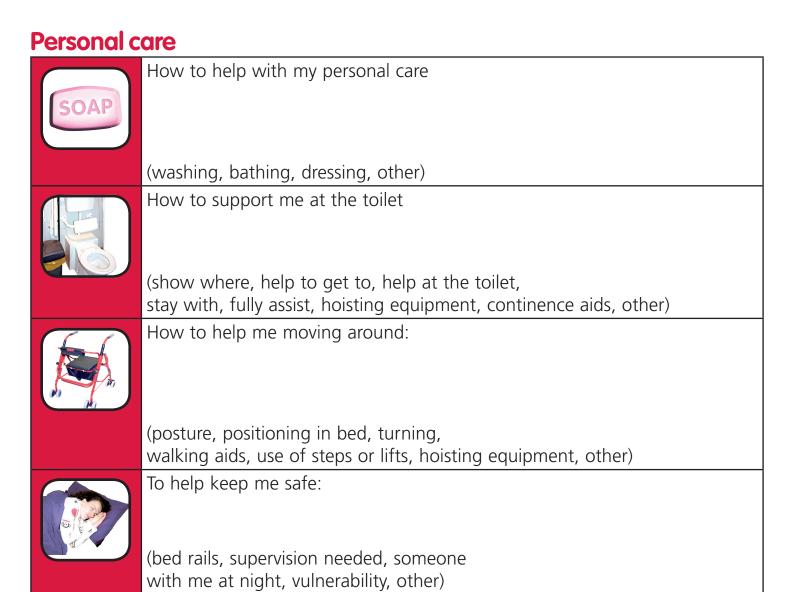
special equipment needed, risk of choking, other)
Foods I like:
Foods I don't like:
Special diet:
Risk of choking when eating, drinking and swallowing:
How I drink: (small amounts, thickened, special cup, cooled, other)

.....

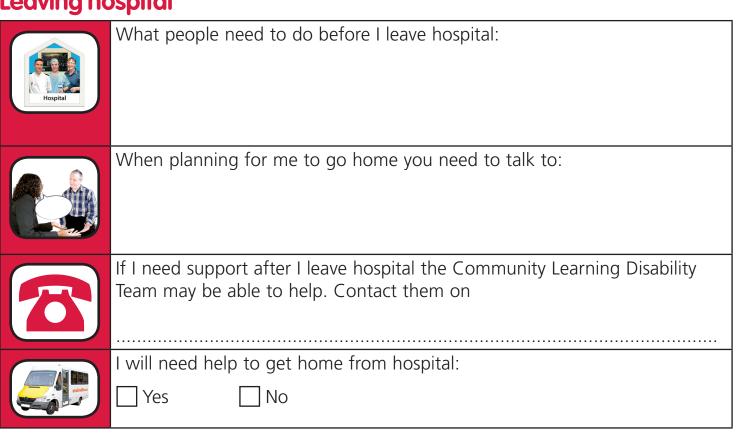
Drinks I like:

Drinks I don't like:....

......Review date



Leaving hospital



Name	Date	. Review date