

# My health passport

Easy Read



## hospital or respite care



If I go to a hospital, clinic or to respite care, this book needs to go with me. It gives staff important information about me.

## keep a record



### Nursing and medical staff:

A copy should be put in my notes.

Please look at my passport before you help me.

## Health passport



This passport belongs to me.

Please return it to me after reading it.

## my name



My name is:

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## I prefer to be called



I prefer to be called:

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## date of birth



I was born on:

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## NHS number



123 456 7890

My NHS number is:

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## school



The name of my school or college is:

**address**

My home address is:

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**GP surgery**

The name of my GP surgery is:

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**religion**

My religion is:

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**ethnicity**

My ethnicity is:

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**care plan**

I have the following additional care plans (please tick):

Advance care plan

Epilepsy plan

Open access plan

Other:

# My parents or guardians

**name**



**parent or guardian**



**phone**



**family care**



Name:

Relationship:

Phone number:

Has parental responsibility:

Yes

No

Yes

No

Yes

No

Yes

No

## My allergies

5



I am allergic to:

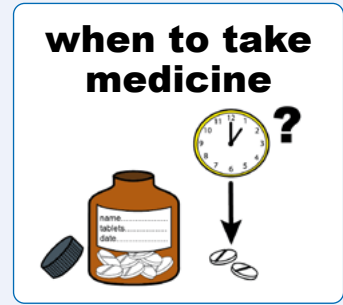
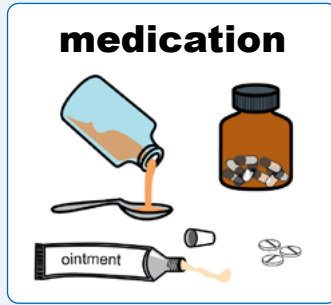
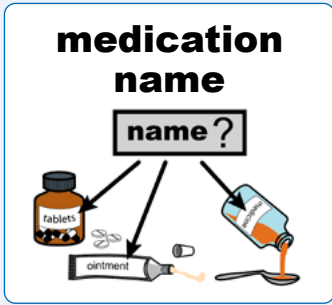
## My illnesses and health conditions



My illnesses and health conditions are:

# My medication

(If I take more than 6 medications please see my symptom management plan.)



Medication name:

How I take my medication: (do I take whole tablets, crushed tablets, injections or syrup)

How often I take my medication:

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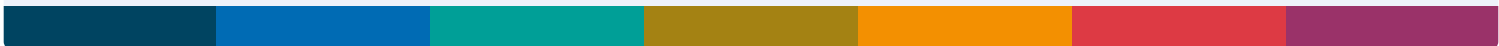
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**name**



**job title**



**address**



**contact**



Contact details:  
(phone and  
email address)

Name:

Job title:

Address:

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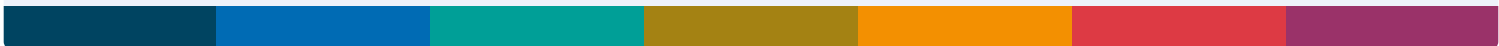
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## How I communicate with others

(including the language I speak)



This is how I communicate with others:

## How I would like us to communicate

(do I use words, pictures, gestures or Makaton)



This is how I would like you to communicate with me:

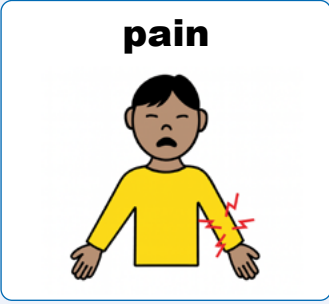
## Things I need help with

(do I need help with self care such as eating/drinking, going to the toilet, sleeping)



I need help with:

**pain**



You will know when I am in pain by:

**help**



When I am in pain, you can help me by:

## Specialist equipment that I use

**hoisting**



I use this specialist equipment:

# My sensory needs

(what is important to me about how things taste, sound and feel)



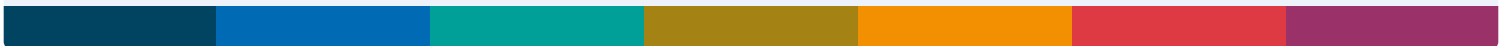
My sensory needs are:

# What makes me happy and what I like to do

(like watching TV, reading, music, routines)



This is what makes me happy:



## What makes me unhappy and what I do not like

11

(like shouting, being touched, certain foods)

**unhappy**



This is what makes me unhappy:

### Useful contacts

Children with disabilities social care team

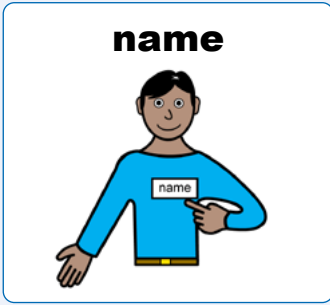
#### **Staffordshire**

Staffordshire Families Integrated Front Door Service: **0300 111 8007**

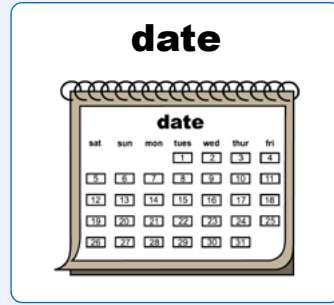
#### **Stoke-on-Trent**

Children with Disabilities Social Work Team: **01782 235100**

or email [chad.referrals@stoke.gov.uk](mailto:chad.referrals@stoke.gov.uk)



Name:



Date:

**Internal use only**

**Reviewed by:**

Name:

Date:

This Health Passport was developed by NHS Staffordshire and Stoke-on-Trent Integrated Care System and based on original work by University Hospitals of North Midlands NHS Trust.

Produced by [NHS Arden and Greater East Midlands Commissioning Support Unit](#) and [NHS Midlands and Lancashire Commissioning Support Unit](#)

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