Hospital Passport
Things you must know about me

Name:

I like to be known as:

Date of Birth:

NHS No:

Allergies:

Emergency Contacts:

How I communicate/What languages:
I take medication for:

Current medication:

How I take my medication:

Other professionals informed and involved in my care:

Contact/Next of kin:

My normal habits and other things you should know about me:

How to keep me safe (bed rails, support with behaviour):
Things that are important to me

Any problems with my sight or hearing:

How you know I am in pain:

Moving around (posture in bed, walking aids):

Personal care (dressing, washing):

How I eat and drink (risk of choking, cutting up food):

How I use the toilet (continence aids, help I need):

Sleeping (my sleep pattern):

Treatments and procedures that make me anxious:

Other things you need to know about me:
Things I like:

Things I dislike: