

COVID 19 Hospital Communication Passport

Please read this and keep a copy in my notes

This Hospital Communication Passport helps you to understand me and how to meet my needs whilst providing my care and treatment and supporting my dignity and safety. Abiding with UN Convention on the Rights of Persons with Disabilities, UN Convention on the Rights of the Child and the Equality Act 2010.

My Name:	My Date of Birth:
My Home Address:	Insert Photo
Post Code:	
My NHS Number:	
My NI Number (if applicable):	
My GP/Doctors Contact details:	
Next of kin / My representative name:	
Contact Number:	
Relationship to me:	Language they speak:

MEDICAL INFORMATION

Allergies:

Pre-existing medical conditions:

Current Medication: *(Enter details of all medications name/dosage and frequency/and what medication is for)*

How I take it

(example: liquid /crushed tablet / through a syringe in my mouth / with food / other)

Medical intervention, how to take my blood, give injections etc...

Normal respiratory function YES NO **Swallow normal** YES NO

Any airways issues:



Disabilities/impairments/diagnoses:

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How best to support me and to keep me safe

I am Autistic ☐ I am Epileptic ☐ I have a epilepsy plan ☐

I have challenging behaviour ☐ I have a behaviour plan ☐ I have a feeding plan ☐

COMMUNICATION NEEDS

I communicate by

How I say Yes or No:

To help me understand I need:

When I am in pain you will know because I: (Example: become quiet, start tapping my head, ears, tummy, become vocal, unsettled, start pointing)

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When I am upset or when I am worried I will:

SENSORY NEEDS

I can hear:

I can see:

I can feel:

PHYSICAL NEEDS

My physical disability/needs are:

I need support with the following: Dressing and washing ☐

Eating and drinking ☐ Toileting ☐ Seating and mobility ☐

Normal diet/ specialist diet e.g. purée/ tube fed:

I need the following help to eat:

I need the following help to drink:

Level of support I need with my personal care: 1:1, 2:1

