



My Hospital Passport



For people living with intellectual disability or cognitive impairment entering hospital.

If I go into hospital, this book needs to go with me. It will help healthcare workers understand my needs.

Please read the information here before you do any interventions with me.

This passport belongs to me. Please return it when I leave hospital.

Passport key

Things you must know about me

Things that are important to me

My likes and dislikes

Things you must know about me



My personal details

My name is:

My pronouns are:

My gender is:

My date of birth is:



My phone number is:



My address is:



My Medicare number is:

I had help from a person who knows me well to complete this.

Completed by:

Date:



Things you must know about me



How I communicate / the language I speak



My religion and spiritual needs



What you can do if I am anxious (it would help me if you can...)



My family contact person, guardian, carer or support person

They are my (mum, dad, support worker):

Their phone number is:

Their address is:

Completed by:

Date:

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Things you must know about me



My support needs and who gives me the most support



My disability support providers

Their name is:

They are from (organisation):

Their role is:

Their phone number is:

Their name is:

They are from (organisation):

Their role is:

Their phone number is:



My GP

Their name is:

They are from (practice):

Their phone number is:

Their address is:

Completed by:

Date:

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Things you must know about me



Other health workers/services involved with me (OT, nursing, physio)

Their name is:

They are from (organisation):

Their role is:

Their phone number is:

Their name is

They are from (organisation):

Their role is:

Their phone number is:



I am allergic to

Two horizontal lines for writing allergies.



Medical interventions (how to take my blood, give injections, BP)

Four horizontal lines for writing medical interventions.



My heart:



My breathing:



My risk of choking, dysphagia (eating, drinking and swallowing):

Completed by:

Date:

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Things that are important to me



How to communicate with me



How I take medication (whole tablets, crushed tablets, injections, syrup)



How you will know I am in pain



How I move around (posture in bed, walking aids)



My personal care (dressing, washing)

Completed by:

Date:

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Things that are important to me



My sight and hearing (problems with sight or hearing)



How I eat (food cut up, pureed, risk of choking, help with eating)



How I drink (drink small amounts, thickened fluids)



How I keep safe (bed rails, support with challenging behaviour)



How I use the toilet (continence aid, help to get to the toilet)



My sleep (sleep patterns, routine)

Completed by:

Date:

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If you have questions about this passport, contact Li-Ve Tasmania's Healthy Dying for People with Disability project.

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