My Health Passport

If you are a *health care professional* that will be helping me,
PLEASE READ THIS
***before* you try help me with my care or treatment.**

My full name is: _____

I like to be called: _____

Date of birth: ___/___/_____

My primary care physician: _____

Physician's phone number: _____

Attach your picture here!

This passport has important information so you can better support me when I visit/stay in your hospital or clinic.

Please keep this with my other notes, and where it may be easily referenced.

My signature: _____ Date completed: ___/___/_____

You can talk to this person about my health: _____

Phone number: _____ Relationship: _____

I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/ support is needed)

_____

_____

_____

_____

My brief medical history: (include other conditions (e.g. visual impairment, hearing impairment, diabetes, epilepsy) past operations, illnesses, and other medical issues)

My current medications are:

-
-
-
-
-
-

When I take my medication, I prefer to take it: (e.g. with water, with food)

I am allergic to: (list medications or foods, e.g. penicillin, peanuts)

If I am in pain, I show it by: (also note if I have a low/high pain tolerance)

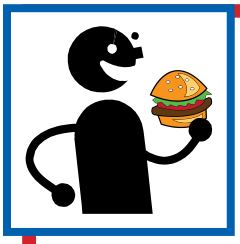
If I get upset or distressed, the best way you can help is by: (e.g. play my favorite music)

How I cope with medical procedures: (e.g. how I usually react to injections, IV's, physical examinations, x-rays, oxygen therapy—also note procedures never experienced before or in recent years)

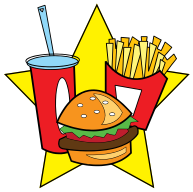
My mobility needs are: (e.g. whether I can transfer independently, devices I use, pressure relief needed)

When getting washed and dressed, you may assist me by:

When drinking, you may assist me by:



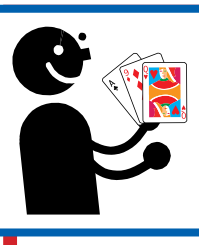
When eating, you may assist me by:



My favorite foods and drinks are:

I do not like to eat or drink the following:

I am very sensitive to: (specific sights, sounds, odors, textures/fabric, etc. that I really dislike, e.g. fluorescent lights, thunderstorms, bleach, air freshener)



Things I like to do that will help pass the time:

How to make future/follow-up appointments easier for me:

(e.g: give me the first/last appointment of the day, allow extra time for the appointment, let me visit before my appointment, give information to my caregiver, etc.)

USF UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

Florida Center for Inclusive Communities
freedom support responsibility

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This passport was adapted with permission from the "*About Me—My Hospital Passport*" from the Treat Me Right campaign.

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www.supportforliving.org.uk