

Hospital Communication Passport for children with additional needs

My name is:

Completed by:

Date:

This Hospital Communication Passport gives hospital staff important information about you.

Please take it with you if you have to go into hospital.



Things you **MUST** know about me



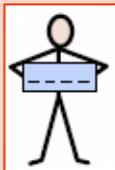
These things are **IMPORTANT** to me. My general everyday living



My **LIKES** and **DISLIKES**

Make sure that all the healthcare professionals who look after you read this assessment

Things you MUST know about me



Name:

Likes to be known as:



Date of Birth:



Address:

Telephone number:

Next of kin contact:



Relationship:

e.g. Mum or
Dad



Address:

Telephone number:

Other people who
need to be contacted:



My support
needs and who
gives me the
most support:



Who I live with:

Things you MUST know about me



Medication and
how I take my
medication:

(crushed tablets,
injections, syrup)



How to communicate
with me:

(speech, PECS,
Makaton, visual
schedules)



How you know I
am in pain or
anxious:



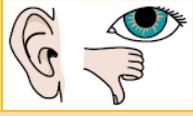
Moving around:
(Posture in bed, motor
skills, walking, crawling)

How to make me
comfortable:



Allergies:

These things are IMPORTANT to me



Seeing/Hearing:
(problems with
sight or hearing)



How I eat food:
(food cut up, 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 aids, help
to get to the toilet)



Sleeping:
(sleep pattern/routine,
sleep system)

These things are IMPORTANT to me

These are the people that need to be contacted:
e.g. school/community nurse/Health Visitor/GP/Social worker



Name and role	Telephone number



Other services or professionals involved with me:



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



Personal care:
(dressing, washing etc)



My carer's needs
(i.e. they need an interpreter, they have additional needs)

Likes and dislikes

Likes: For example - what makes me happy? Things I like to do

Dislikes: For example - don't talk too loud, food I don't like, physical touch

Things I like

Please do this



Things I don't like

Don't do this

