

Locala Patient Passport

This Patient Passport gives staff important information about you.

Please take it with you to your appointment. If you need help to fill it in, ask a member of your family, a friend or a member of staff.

About you



My name:

Date of Birth:

I like to be called:



I live with:

**Child or young person.
My legal guardian is:**



Language/s I speak:

Language/s I understand:

Language/s my carer speaks:

Language/s my carer speaks/understands:



Things I like to do and talk about:

Things I don't like to do and talk about:



School:

College:

Day services:

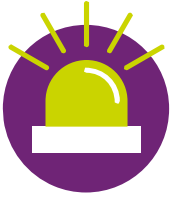
Learning Disability Team:

Social services:

Speech and Language Therapy:

Any other services:

About my health



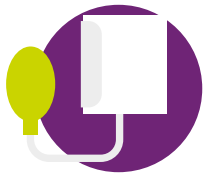
If I need emergency treatment you should know:

(For example: I have epilepsy, diabetes, asthma, mental health illness, take anti-coagulants, other)



I am sensitive to:

How you can help me:



Are there any helpful tips to support me when having medical / dental treatments?



Any heart or breathing difficulties?



How I take medication (Please bring a list of the medication you take now):

(For example: Crushed, injected, syrup, with food, other)



Previous experience in hospital or with illness you would like us to know about:

How I communicate



I communicate by:

(For example: Speaking, signing, pictures, objects, facial expression, behaviour, other)



To help me understand what is happening and what treatment I need please use:

(For example: Easy words, photos, signs, pictures, objects, video, other)



If I seem worried, angry or upset, I may:

You can help me with this by:



I will let you know I am in pain by:

(For example: Telling you, pointing, being noisy or quiet, crying, self harming, other)



About my hearing:

(For example: I have a good or not so good side, I am sensitive to noise, I need to see your lips when you speak to me, other)



About my sight:

(For example: I have a better side for you to approach me from, I wear glasses, lenses, certain lights bother me, other)

Eating and drinking



How I eat:

(For example: Food liquidised, mashed, cut small, cooled, support needed, special equipment needed, other)

Foods I like:

Foods I don't like:

Special diet:

Risk of choking when eating, drinking and swallowing:



How I drink:

(For example: Small amounts, thickened, special cup, cooled, other)

Drinks I like:

Drinks I don't like:

Personal care



About my personal care:

I can manage on my own:

I need help and support:

I need reminding:

(For example: Toothbrushing, washing, bathing, dressing, other)



How to help me moving around:

(For example: Posture, transfers, walking aids, hoisting equipment, other)

Date:

Review date: