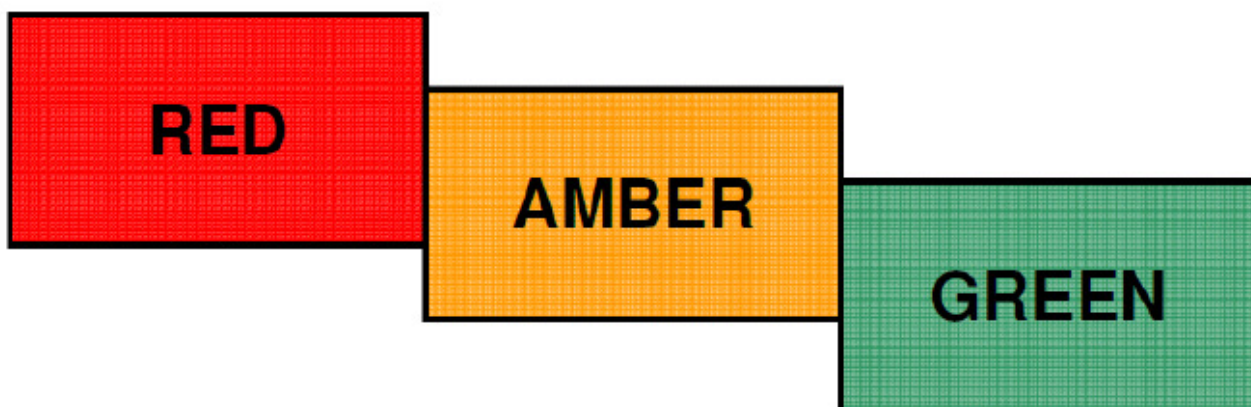


Hospital Assessment



“The Patient Passport”

This gives hospital staff important information about you.

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

Ask the hospital staff to hang it on the end of your bed.

Make sure that all the staff who look after you read it.

RED - ALERT

Things you **MUST** know about me

Name:

Male

Female

Organ Donor

Prefers to be called:

Do you need an interpreter? Yes No

Address:

Tel No:

Date of Birth:

Doctor:

Address:

Tel No:

Next of Kin:

Relationship:

Tel No:

Relevant Person/Carer:

Tel No:

Other Professional/Advocate:

Tel No:

Religion:

Religious preferences:

MEDICAL HISTORY

Have you got problems with any of the below:

Blood Pressure

Swallowing

Mobility/Falls

Diabetes

Epilepsy

Dementia

Heart

Skin Integrity

Thyroid

Breathing

Anxiety (behaviour)

Other:

Bladder/Bowels

Hearing

Please list:

Allergies

Vision

If any of the above ticked please give details:

Current Medication:

(Please bring along your MARS Sheet if possible)

Brief medical history:

Completed by:..... Date:.....

AMBER – ALERT

This is a signpost
to further
information

Things that are really important to me

		Further Plans in place		Further Plans in place	
	<p><u>COMMUNICATION</u> How to communicate with me and how I communicate with you.</p>	<input type="checkbox"/>		<p><u>Taking medication</u> Crushed tablets, injections, Syrup; how to take my blood.</p>	<input type="checkbox"/>
	<p><u>Information Sharing</u> How to help me understand things.</p>	<input type="checkbox"/>		<p><u>Pain</u> How you know I am in pain.</p>	<input type="checkbox"/>
	<p><u>Seeing/Hearing</u> Problems with sight or hearing.</p>	<input type="checkbox"/>		<p><u>Sleeping</u> Sleep pattern, sleep routine.</p>	<input type="checkbox"/>
	<p><u>Eating and Drinking (swallowing)</u> Food cut up, small amounts, choking, help with feeding, peg management plan, feeding aids.</p>	<input type="checkbox"/>		<p><u>Being safe</u> Bedrails, posture, supporting behaviour, absconding.</p>	<input type="checkbox"/>
	<p><u>Going to the toilet</u> Continence aids, help to get to the toilet, bowels assistance.</p>	<input type="checkbox"/>		<p><u>Personal Care</u> Dressing, washing etc...</p>	<input type="checkbox"/>
	<p><u>Moving around</u> Posture in bed, hoists/slings, walking aids.</p>	<input type="checkbox"/>		<p><u>Level of support</u> Who needs to stay and how often.</p>	<input type="checkbox"/>

Completed by:..... Date:.....

GREEN

LIKES / DISLIKES

Things that will make a difference to me during my stay in hospital



THINGS I LIKE



THINGS I DON'T LIKE

Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.

Completed by:..... Date:.....