



46703

This is My Communication & Health Passport

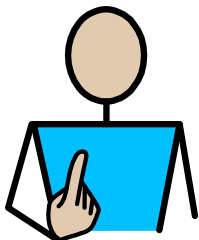
Please bring your passport to your health appointments

Health Professionals - read this passport before providing treatment

This will help you to provide person centred care and treatment

My NHS number:

My Sheffield Children's Number:



My name is:

I liked to be called:

My pronouns are:



My date of birth:



Where I live:



Red section: Essential information you must know about me



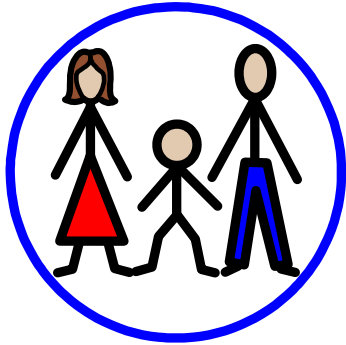
Orange section: Important information about how to care for me



Green Section: Things I like and dislike



About Me and My Health



Who I live with:

My Parents / Guardians names are:

What you need to know about my family:

Who has parental responsibility:

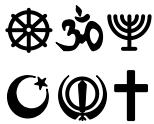


Home telephone number:

Mobile number:

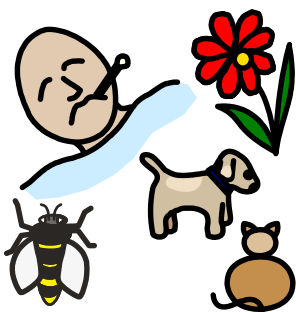


Language(s) spoken in my home:



My Religion / Religion in my home:

Ethnicity:



My Allergies:



My Doctor (GP)

Address:

Telephone Number:




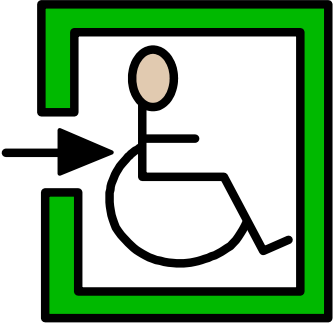


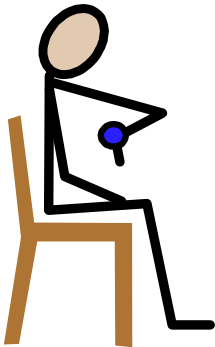
My School:

My Reasonable Adjustments

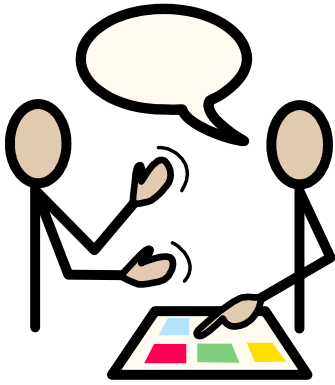
Reasonable adjustments are small changes under the Equality Act (2010) that a Doctor, Nurse or Health Professional can make to your appointment

You can use this Reasonable Adjustments Care plan to help you in other appointments like a dentist, GP or Opticians appointment

You can ask for your reasonable adjustments to be recorded by your health care professional

	<p>I need you to give me information in this way:</p> <p>Easy Read <input type="checkbox"/> Audio/Phone call <input type="checkbox"/></p> <p>Braille <input type="checkbox"/> Large print <input type="checkbox"/></p> <p>Language: Please specify _____ <input type="checkbox"/></p>
	<p>I need help to access my appointment:</p> <p>Wheelchair access <input type="checkbox"/> Hoist <input type="checkbox"/></p> <p>I can't walk far <input type="checkbox"/> I need to use a lift <input type="checkbox"/></p> <p>I need an accessible parking space <input type="checkbox"/></p>
	<p>I need more time during my appointment <input type="checkbox"/></p> <p>to understand information and / or instruction</p>
	<p>I or my Parent/Guardian need an interpreter <input type="checkbox"/></p> <p>Tell us the language you need</p> <p>_____</p>
	<p>When I come to hospital I need help with:</p> <p>A quiet place to wait for my appointment. <input type="checkbox"/></p> <p>I need the first appointment of the day, as I find waiting very hard. <input type="checkbox"/></p> <p>I need the last appointment, as i need to keep my daytime routine. <input type="checkbox"/></p>

My Reasonable Adjustments



This is how I communicate:

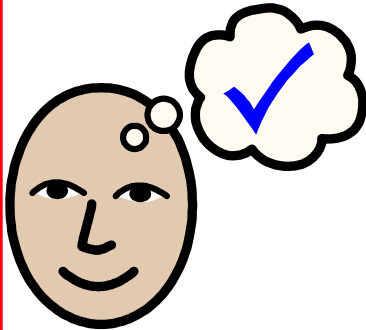
I use Makaton

BSL

My parent / Guardian will interpret my body language

I use a talk board/mat

I use electronic augmentative and alternative communication (AAC)



This is how you can help me understand information:

It helps me when I see pictures:

Speak to me in short sentences and wait for me to reply

Do not use jargon, use simple words to help me understand

Speak to my parent/guardian, they will explain it to me

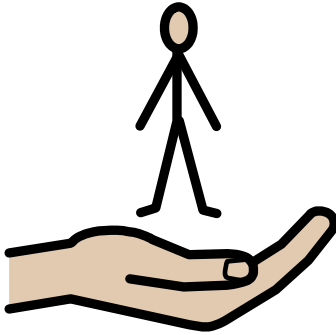


Please use this space to tell us more about anything you selected above, or tell us about other reasonable adjustments you need:

About Me and My Health



Doctor or Consultant who knows me best:



Other people or medical teams that help me:



These are my medical / neurological conditions:

I have a learning disability

Autism



I was a Premature Baby

Yes

No

I was born weeks premature

About Me and My Health



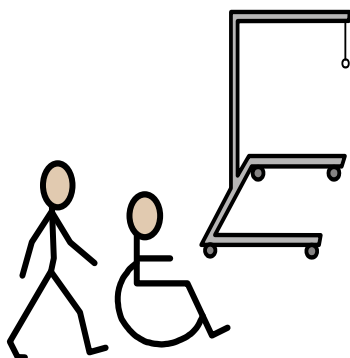
Help I need to take my medicine:

Medication

Please bring a current list of your medication

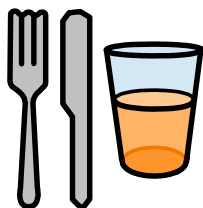
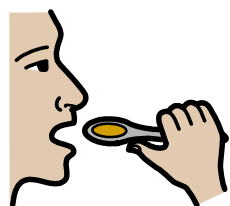


Help I need to stay safe:

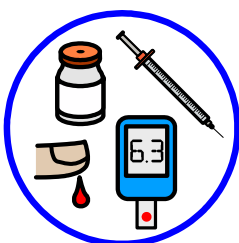


Help I need with mobility / postural management:

About Me and My Health



Help I need to eat and drink:
Risk of choking / dysphagia?



I have specialist nutritional needs

Yes

No

Please bring a copy of your feeding regime to your appointment

I have a metabolic condition

Yes

No

This is my emergency plan:



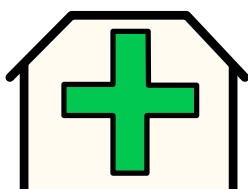
Consent and the support I need to make decisions:



I have an advanced care plan

Yes

No

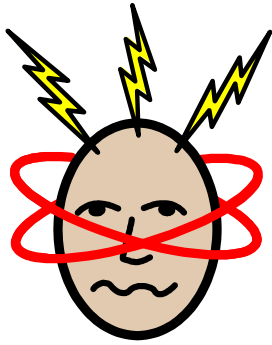


I am enrolled in a clinical trial

Yes

No

About Me and My Health



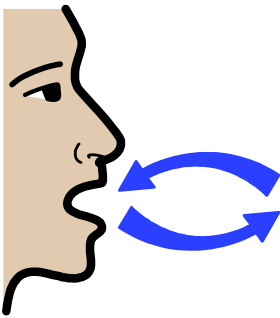
I have Epilepsy

Yes

No

Please tell us about your seizures and management plan:

My Breathing



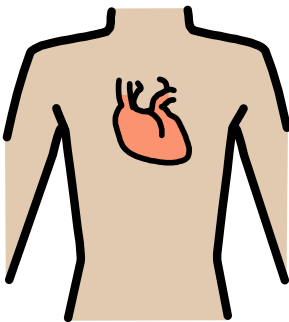
I have a respiratory emergency Plan

Yes

No

If you have a tracheostomy, please add size, type and length of tracheostomy and suction tube you use:

My Heart



I have congenital heart disease or other cardiac problem

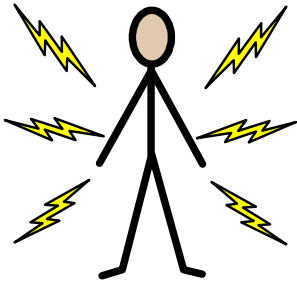
Yes

No

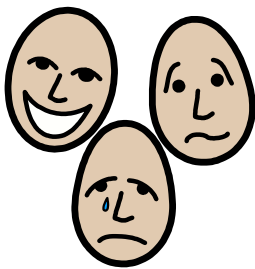


This is the help I need with my eyesight and hearing:

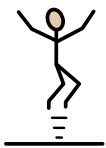
How to Care for Me



This is how you can help me, tell you about my pain:

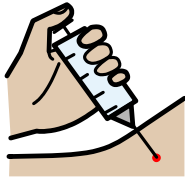


This is how you can help me, tell you about my feelings:

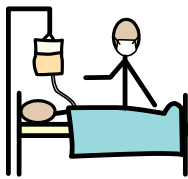


This is how you can help me and my sensory needs:

How to Care for Me



These are the things that make me feel anxious, worried or scared:



This is the help I need to get washed and dressed:



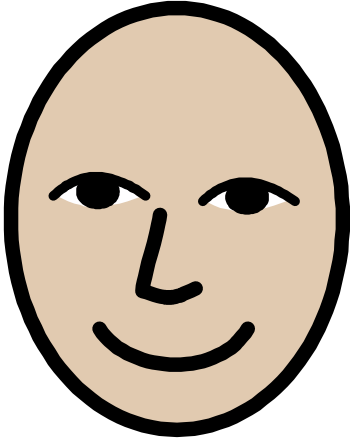
This is the help I need to use the toilet:



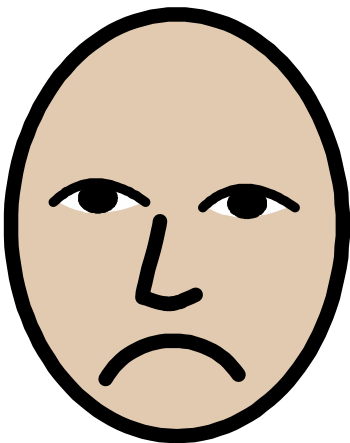
This is the help I need to get to and stay asleep:

My Likes and Dislikes

This is what I like, or what helps me:



This is what I dislike or avoid:



My Passport was completed with me by:

Please record the date when changes / updates to your passport are made.
This will allow us to record your most recent Information.

Date: _____ Date: _____

Date: _____ Date: _____

For support with preparation or request of reasonable adjustments whilst in hospital please get in touch with us at:

Patient Advice and Liaison Team (PALS)

Sheffield Children's

Western Bank

Sheffield

S10 2TH



0114 271 7594



scn-tr.pals@nhs.net



www.sheffieldchildrens.nhs.uk

This passport was adapted with thanks from the Gloucestershire Partnership NHS Trust 'Hospital Assessment' form

The Reasonable adjustment care plan within this passport was adapted with thanks and acknowledgement to The Health Facilitation Team at Leeds & York Partnership NHS Foundation Trust on whose work this document was based