

This booklet is

# All about me

For children and young people with learning disabilities coming to Hampshire Hospitals NHS Foundation Trust

My name is:

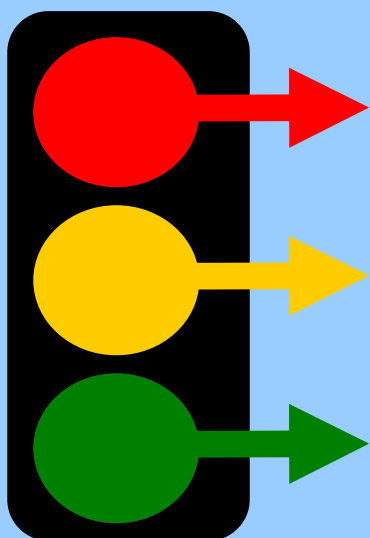
If I am going to see a doctor, a podiatrist or a dentist, my 'All about me' book should come with me.

If I have to go to hospital this book needs to go with me also. It gives hospital staff important information about me and makes sure I get the best care.

My photo

This passport belongs to me. Please return it when I am discharged

**Hospital staff** – please look at my passport before any investigations, care or treatment



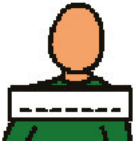
Things you must know about me

Things that are important to me

My likes and dislikes

Either I have completed this passport, or a member of my family or support worker who knows me very well has completed it.

# Things you must know about me



Name:

Likes to be known as:



Date of birth:



Address:



Tel no:



How I communicate/ what language I speak:



Family contact person:

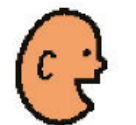
Relationship (such as Mum or Dad):

Address:

Tel no:



My support needs and who gives me the most support:



My carers speak (language):

Date completed

by

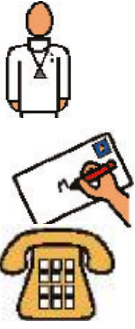
# Things you must know about me



Religion:

Religious needs:

Ethnicity:



GP:

Address:

Tel no:

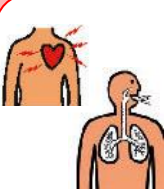
**Other services/ professionals involved with me: (for example, social worker, health visitor and their contact numbers)**



**Allergies**



**Medical interventions – how to take my blood, give injections, take my blood pressure and so on:**



**Heart/ breathing problems:**



**Risk of choking, dysphagia (eating, drinking, swallowing):**

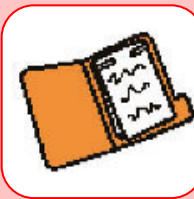
Date completed

by

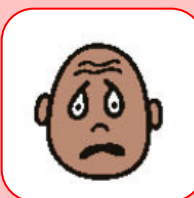
# Things you must know about me



**Current medication:**



**My medical history and treatment plan:**



**What to do if I am anxious:**

**Date completed**

**by**

# Things that are important to me



How to communicate with me:



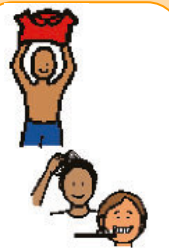
How I take medication: (crushed tablets, injections, syrup)



How to know if I am in pain:



Moving around: (posture in bed, walking aids)



Personal care: (dressing, washing and so on)

Date completed

by

# Other things that are important to me

## Play, learning and development



My college/ school/ nursery/ playgroup is called:

I go to school on these days:

My play group leader/ teacher is called:



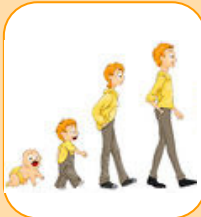
My school nurse is called:



My favourite toy and game to play is:

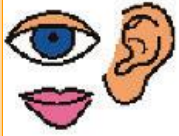


My favourite music is:



My developmental stage is (for example walking, crawling, sitting up, sitting unaided)

# Things that are important to me



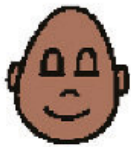
Seeing/ hearing: (problems with sight or hearing)



How I eat: (food cut up, risk of choking, need help)



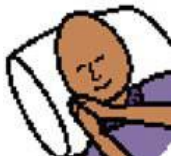
How I drink: (for example small amounts, thickened fluids)



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)

Date completed

by

# My likes and dislikes

**Likes:** what makes me happy, things I like to do, such as watching TV, reading, music, routines

**Dislikes:** for example – shouting, food I don't like, being touched

**Things I like**

**Please do this:**



**Things I don't like**

**Don't do this:**



Date completed

by



# Notes

## Additional information which may be applicable and helpful for staff

Catheter size and how often flushed	
Dressing type	
Gastrostomy tube type and size	
NJ/ NGT size	

**This hospital passport was developed by Hampshire Hospitals NHS Foundation Trust and based on original work by Gloucester Partnership NHS Trust.**