

Patient Passport

This passport is to inform you that I have the following condition:

Vital information you should know about me:

This passport has been designed so that you as healthcare professionals are made aware of my important needs and requirements during my hospital visit. This passport belongs to me. Please return it when I am discharged. I give you permission to make a copy of this document for the purpose of updating my medical records.

Name: _____

I like to be referred to as: _____

Date of birth: _____ Telephone: _____

NHS number: _____ Religion: _____

Occupation: _____

My GP: _____

Address/Contact: _____

Main Carer/Next of kin: _____

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Lead Specialist Worker (e.g. Consultant/Social Worker):

My Preferred Hospital is: _____

I have a Lasting Power of Attorney (LPA) that relates to:

Health, Welfare and treatment: _____

Finances: _____

Name: _____

Contact details: _____

Relationship: _____

I have an Advance Decision: Yes No

Details: _____

Aids and equipment used:

Mobility needs:

How I communicate:

How and when I take my medication:

Personal care needs:

Dietary preferences:

Night time needs:

Allergies:

Additional information:

Consent for information about me to be shared with Health and Social Care professionals.

Agree Disagree

Signed: _____

Date: _____

