Hospital Identifier:

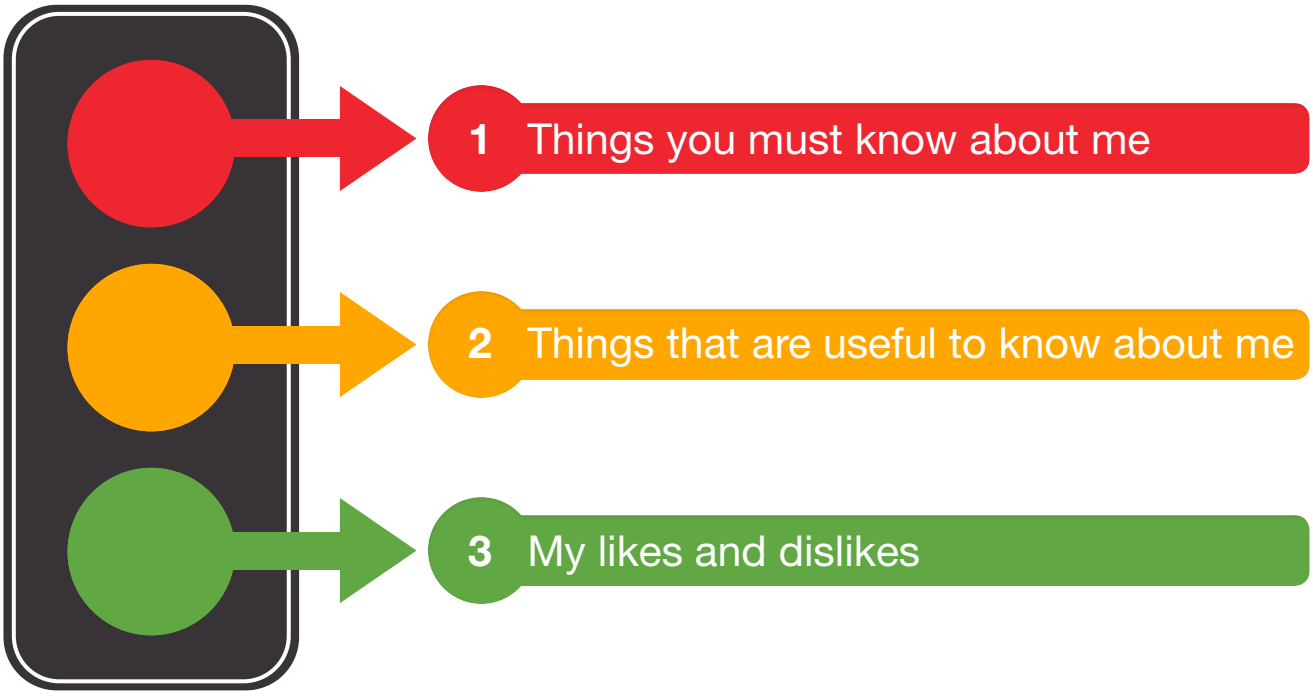
This is my Health Passport

Capturing important information about me and my health care needs.

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me. It needs to be available to staff and a copy should be put in my notes.

My name is:

Nursing and medical staff please look at my passport before you do any interventions with me.



I am NDIS registered:

Date completed:

Completed by:

This document belongs to me. Please return it to me or my carer.

Queensland Government

About the person completing this health passport

Details of the person or carer completing this health passport

Full name*

Address*

Suburb*

Post code*

Phone number*

*Relationship to patient**

- Self
- Spouse/partner
- Next of kin
- Carer
- Sibling
- Legal guardian
- Parent
- Relative
- Other

Organisation

** Mandatory field*

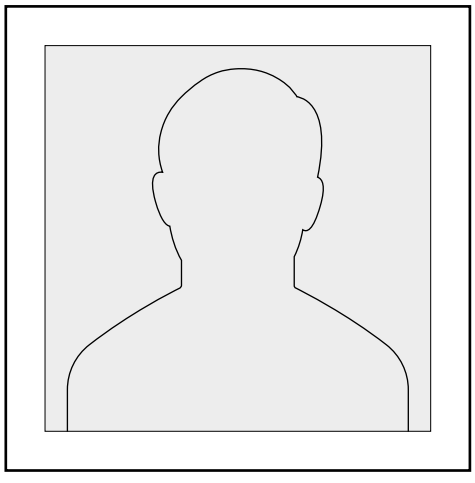


Photo of Patient

Things you must know about me

Details of the person in this health passport

First name* Surname*

I like to be known as*

Date of birth* Age*

Gender* Male Female *Please click one*

Address*

Suburb*

State* Post code*

Phone number* Other*

Email address*

Medicare Number* IRN*

*I live with**

- Family
- Lives alone
- Lives with other unrelated people
- Lives with paid carer
- Lives with unpaid carer
- Supported accommodation
- Private facility
- Lives in public housing
- Residential aged care
- Other

Things you must know about me

Best contact person/s (e.g. next of kin)

Full name	Relationship to patient	Phone number

Things you must know about me

My health documents

The time may come possibly through sudden injury or serious illness – when you cannot speak for yourself. These documents record your wishes about your future health care and/or appoint someone to make decisions for you if you were unable to make them for yourself.

I have the following health documents*

Please click one

- [ ] Advance Care Plan document
- [ ] Advance Health Directive/Statement of choice
- [ ] Resuscitation plan
- [ ] Adult Guardianship/Enduring Power of Attorney
- [ ] No
- [ ] Other

Please bring copies of any documents with you to hospital.

Enduring Power of Attorney

Full Name

Relationship

Contact

Things you must know about me

My doctor or general practitioner (GP)

Full name*

And/or

Practice*

Address

Phone number

Allergies or adverse reactions*

☐ Yes ☐ No ☐ Unsure *Please click one*

Details

Things you must know about me

Medical problems*

☐ Yes ☐ No ☐ Unsure *Please click one*

e.g. heart, breathing

Medical history and treatment plan*

Please advise of major surgeries, medical interventions and current care plans.

Medical assessments

e.g. the best way on how to undertake assessment with me….

Things you must know about me

Medications*

I take medications?

☐ Yes ☐ No ☐ Unsure *Please click one*

Medication name	Dose and frequency	Purpose *(if known)*	How taken

Things you must know about me

Risk of choking or dysphagia (eating, drinking or swallowing) difficulties

*I have difficulties eating, drinking or swallowing?**

☐ Yes ☐ No ☐ Unsure *Please click one*

Details

Blood group

☐ A ☐ B ☐ AB ☐ O ☐ Unsure *Please click one*

My cultural background and spiritual beliefs

e.g. ethnicity

Language

☐ English
☐ Samoan
☐ Vietnamese
☐ Spanish
☐ Hindi
☐ Mandarin
☐ Other

Things you must know about me

My communications style

*I can usually communicate verbally?**

☐ Yes ☐ No *Please click one*

This helps me to talk to you

- ☐ My communication system *(if yes, please name the system in other)*
- ☐ Symbols
- ☐ Pictures
- ☐ Gesturing
- ☐ Facial expressions
- ☐ Simple words
- ☐ When you wait for me to respond
- ☐ My supporter/carer
- ☐ Other

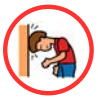
This is what helps me to understand you

- ☐ Short plain sentences
- ☐ Simple words
- ☐ Concrete examples
- ☐ Diagrams or pictures
- ☐ Checking to see if I understand
- ☐ Asking me to explain it
- ☐ Asking my supporter/carer to explain it to me
- ☐ Using real objects
- ☐ Giving me a demonstration

Please communicate with me by

- ☐ Speaking directly to me
- ☐ Taking time to tell me
- ☐ Waiting for me to respond
- ☐ Writing down notes in my care plan
- ☐ Knowing I cannot talk but can hear and understand

Things you must know about me

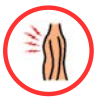


Normal behaviours for me

e.g. sometimes I grunt and groan and rock back and forth but this is normal for me

Things that make me anxious or nervous and what to do

e.g. please do not leave me unattended



How you know I am in pain

e.g. when I rock back and forth in my chair it usually means I am uncomfortable or distressed which can be due to pain

I will tell you I am in pain by

I will show you I am in pain by

Things that are useful to know about me

Identified disabilities

Please select all appropriate *Please click one*

- ☐ Development delay *(only for children 0 - 5)*
- ☐ Intellectual impairment
- ☐ Specific learning *(other than intellectual)*
- ☐ Autism spectrum disorder *(including Asperger's)*
- ☐ Physical disability
- ☐ Acquired brain injury
- ☐ Neurological *(including epilepsy and Alzheimer 's disease)*
- ☐ Deaf or blind *(dual sensory)*
- ☐ Other

Level of support required

Please select below *Please mark with an "x"*

- ☐ Full support *(require full care for all day to day activities)*
- ☐ Partial support dependent *(require intensive assistance but can do some activities for myself - cannot be left alone)*
- ☐ Partial support with independence *(require some assistance and can do some activities - can be left alone)*
- ☐ Limited support *(requires some daily assistance but mostly independent)*
- ☐ Occasional support *(lives independently with some support)*
- ☐ Completely independent

Other

Support person(s) and their role

Full name	Relationship to patient	Their role in your care	Phone number

Things that are useful to know about me

Services/professionals in my care

Full name	Occupation/role	Phone number

My mobility and falls risk

e.g. walk with assistance, need to be wheeled in wheel chair

How I use the toilet

e.g. continence aides, help to get to the toilet

Things that are useful to know about me

Personal care

e.g. dressing and washing

How I eat

e.g. food cut up, pureed, help with eating

How I drink

e.g. small amounts, thickend fluids, straw

Seeing/hearing

e.g. problems with sight or hearing?

Things that are useful to know about me

How to keep me safe

e.g. bed rails, support with challenging behaviour etc.

My comfort items

e.g. things that reduce my anxiety

Sleeping

e.g. your sleep pattern/routine

My likes and dislikes

Things that I like and make me feel comfortable

e.g. being talked to softly, background music, having my mum with me etc.

Things I dislike and make me feel uncomfortable

e.g. sudden loud sounds frighten me, being left alone etc.

My likes and dislikes

Notes

Other information I would like to share?

e.g. routine

Notes