



This is my Health & Wellbeing Passport

My name is:

If I have to go to hospital this book needs to go with me. It gives hospital staff important information about me.

A copy should be put in my notes.

Insert photo here (optional)

Please return this to me.



**The aim of the Health & Wellbeing Passport is to provide our staff with all the necessary information about your child when you use our hospital services. This information will help us work in partnership with you in meeting your child’s needs.**

**Please try to make sure the information in the hospital passport is kept up-to-date.**

**A traffic light system is used as shown below:**

Very important information you MUST know about me. For example, allergies, communication needs, medical equipment sizes or challenging behaviours which may cause a risk.



## PAGES 3 - 5

Important information about my daily life. How I express myself, any specific dietary needs or personal hygiene needs I may have.

## PAGES 6 - 8



Information about my likes, dislikes and comfort issues. For example favourite toys, music and movies. Also things that might calm me if I become distressed.

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**My name:**

**I am known as:**

**My pronouns are:**

Example: He - Him, She - Her, They - Them

**NHS number: Date of Birth:**

**Address:**

**Postcode :**



**Phone:**

**Email:**

email

phone

address

**My special needs are:**

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**GP Surgery:**

doctor

**Doctors name:**

**Phone:**



**Next of kin contact: Relationship:**

**Address:**

**Postcode:**

**Phone: Email:**

email

phone

address

**Other services/professionals involved with me:**

(Example: Social Services, Health Visitor, Community Nurses)

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# Communication

**My preferred language:**

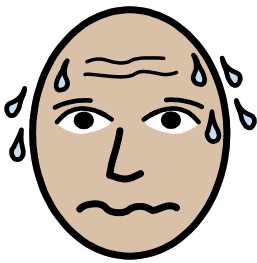
**Interpreter requirements:**



**How I would like you to communicate with me:**

**How I communicate:**

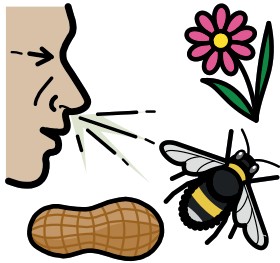
communication



**How you can help me if I’m anxious:**

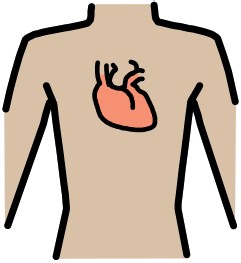
anxious

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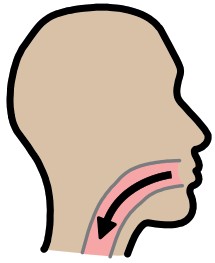
**Allergies:**

allergy



**Heart/breathing problems:**

heart



**Risk of choking:**

swallow

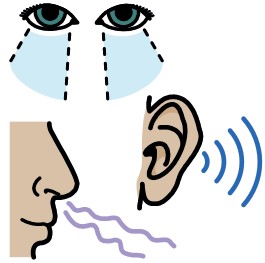
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**Medication I take:**

medication

**How I take medication:**



**My sensory needs:**

sensory

**Things to consider in the environment:**

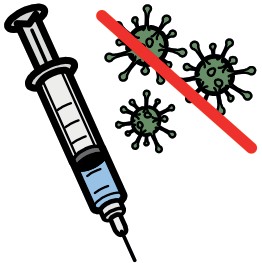
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# My medical past



**Previous medications, operations, illnesses:**

health



**Immunisations I’ve had:**

vaccine

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**Things I like:**

happy



**Things I don’t like:**

sad

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**My special needs are:**

**Adjustments that will help me:**

**My parent/carers name is:**

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# Useful links:

**https://localofferwirral.org/ https://thepositivitree.com/ https://wired.me.uk/** [**https://www.mymind.org.uk**](http://www.mymind.org.uk/)

[**https://www.nhs.uk/conditions/learning-**](http://www.nhs.uk/conditions/learning-) **disabilities/going-into-hospital/**

[**https://www.mencap.org.uk/**](http://www.mencap.org.uk/)

[**https://www.cwp.nhs.uk/services-and-**](http://www.cwp.nhs.uk/services-and-) **locations/services/wirral-community-learning- disability-service/**

[**https://www.wuth.nhs.uk/our-departments/**](http://www.wuth.nhs.uk/our-departments/) **a-z-of-departments/learning-disability-and- autism-team/**

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