

All About Me

Patient Passport





**information
about me**



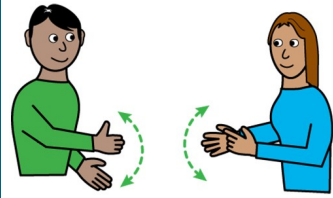
hello my name is...



Key information

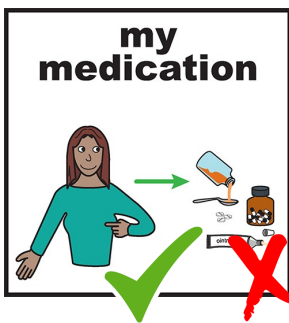
	<p>My name is:</p> <p><i>What is your full name?</i></p>
	<p>Please call me:</p> <p><i>What do you like to be called?</i></p>
	<p>My date of birth is:</p> <p><i>What date were you born on (including the year)?</i></p>
	<p>Today's date is:</p> <p><i>What is the date today (including the year)?</i></p>
	<p>I have a long term health condition, it's:</p> <p><i>Do you have a long term health condition like autism or diabetes, for example?</i></p>
	<p>The languages I understand and/or speak:</p> <p><i>What languages do you speak and understand? For example: English, Gujarati or Polish</i></p>

Key information



Other ways I communicate are:

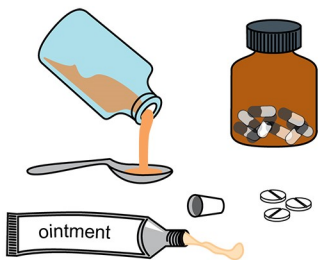
Do you use sign language, pictures and symbols or any other ways to communicate? Is there equipment you use?



I do / do not take medication, it is:

(Circle the correct option and give any details that are needed)

Please name any medicine that you take and how much



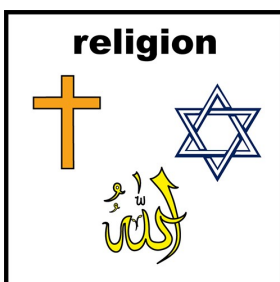
I will only take medication if:

Will you take medicine in lots of ways, like liquid on a spoon or in a tablet, or will you only take it in a certain way?



Somebody else is completing this for me. Their name and relation to me is:

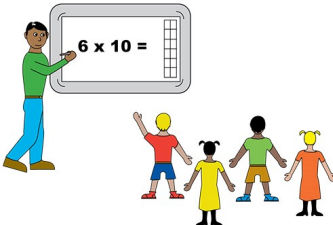
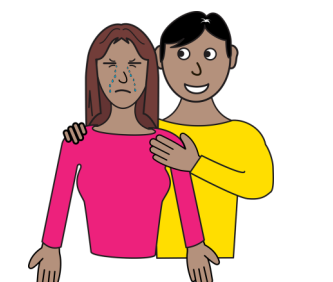

Is somebody helping you fill this in? If so, what is their name and how are they related to you (e.g. mum, sister, grandparent, teacher)



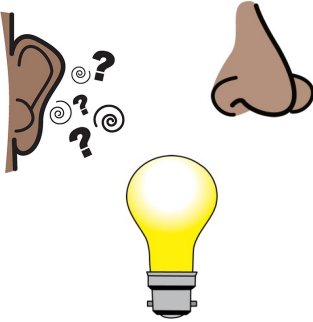

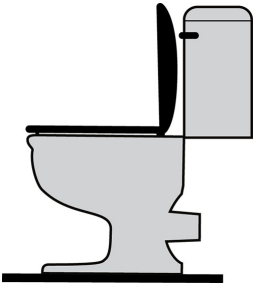

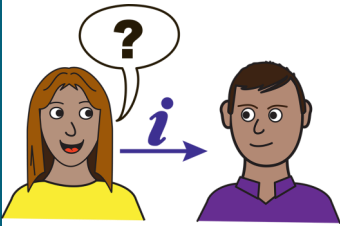
My religious and cultural needs are:

Is there anything we should know about to help your religious needs, such as finding somewhere for you to pray?

Communication and care

	<p>The school/nursery I am at is called:</p> <p><i>Where do you go to school or nursery?</i></p>
	<p>How I communicate and express my needs:</p> <p><i>How will you let us know when you want or need something, is there anything we should know?</i></p> <p><i>Do you use certain things to help, like a picture board or symbol chart?</i></p>
	<p>How I normally get about:</p> <p><i>Do you use a wheelchair or walking stick, or do you need people to help you?</i></p>
	<p>Things that help me settle:</p> <p>If you are unhappy, what helps you feel better? What can we do to help you?</p>
	<p>Things that upset me:</p> <p><i>What sorts of things upset you? What shall we try not to do when we are with you?</i></p>

Communication and care

	<p>I am sensitive to:</p> <p><i>Are you sensitive to anything in particular, or do some things make you feel unhappy? If so, what are they?</i></p> <p><i>For example, smell, bright lights or noise</i></p>
	<p>You will know I am in pain, anxious, hungry or tired if:</p> <p><i>Are there things you say or do when you are in pain or feeling unhappy? This could be using words or doing something</i></p>
	<p>I will / will not need help going to the toilet</p> <p>(Circle the correct option)</p> <p><i>Circle the correct option and tell us how we can help</i></p>
	<p>It is sometimes / never okay to hold me</p> <p>(Circle the correct option)</p> <p><i>Circle the correct option and tell us more if you think it will be helpful for us to know</i></p>
	<p>I also want you to know:</p> <p><i>Is there anything else you want us to know? If so, please write it here</i></p>

Comfort

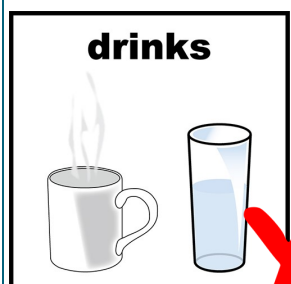


Drinks I enjoy are:

I will only drink this YES / NO

(Circle the correct option)

What drinks do you like? Are these the only drinks you will have?



Drinks I don't like are:

What drinks don't you like?

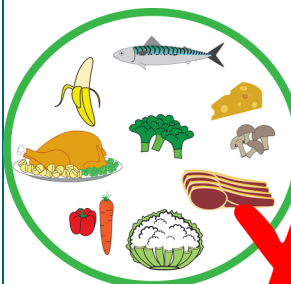


Foods I like are:

I will only eat this YES / NO

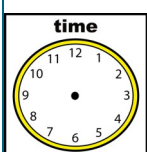
(Circle the correct option)

What food do you like? Is this the only food you will eat?



Foods I don't like are:

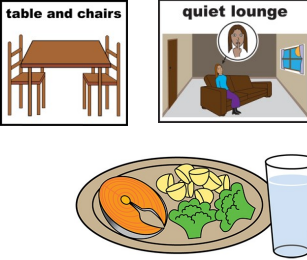

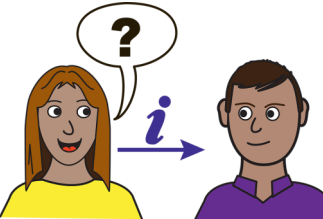
What food don't you like?



My mealtimes are:

Do you usually eat breakfast, lunch and dinner at a certain time? If so, what times are they?

Comfort

	<p>The place I like to eat is:</p> <p><i>Do you have a favourite place to eat or have certain needs for where you eat e.g. somewhere quiet, at a table</i></p>
	<p>I do / do not need help eating meals. This is what helps me:</p> <p>(Circle the correct option and give any details needed)</p> <p><i>Is there anything we can do to help you at mealtimes?</i></p>
	<p>I also want you to know:</p> <p><i>Is there anything else you want us to know? If so, please write it here</i></p>

When you come to see us at Leicester Children's Hospital, please bring along:

- ✓ This All About Me Patient Passport
- ✓ All medication that you're taking (in the packaging it comes in)
- ✓ Any communication aids that you use (like picture boards, symbols, etc.)
- ✓ Any sensory aids that you use (like hearing aids, glasses, noise defending ear phones)

My stickers

Collect your stickers here when you come to visit us!

For family and friends

How would you like to be involved in the care planning of your child or friend?

Are there any particular areas of care planning that you would most like to be involved in, such as medication, comfort measures, or more? Please note them here.

Is there anybody else we should be in touch with? Please leave their name, number and relation to you here:

Is there anybody that is usually involved in helping the patients' care or day to day routine that might come along to hospital with you? Please leave their name, contact details and relation to you here e.g. friend, teacher, grandparent

If you would like this information in another language or format such as EasyRead or Braille, please telephone the number below or email equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

0116 250 2959



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