

All About Me

Patient Passport

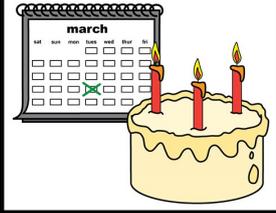
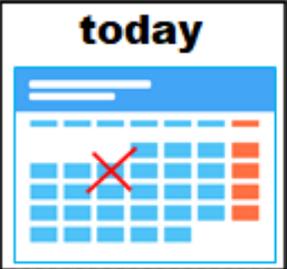
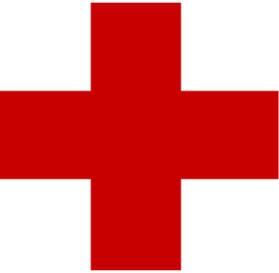
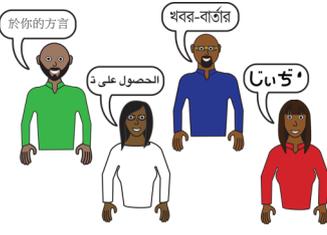
**information
about me**



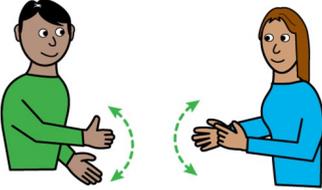
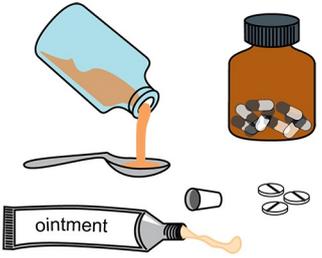
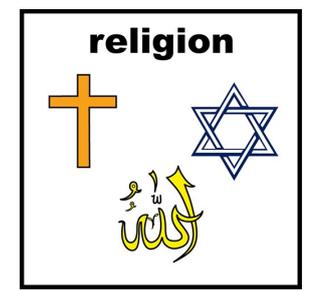
hello my name is...



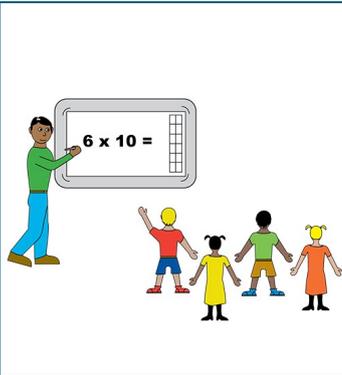
Key information

<p>my name</p> 	<p>My name is:</p>
	<p>Please call me:</p>
<p>date of birth</p> 	<p>My date of birth is:</p>
<p>today</p> 	<p>Today's date is:</p>
	<p>I have a long term health condition, it's:</p>
	<p>The languages I understand and/or speak:</p>

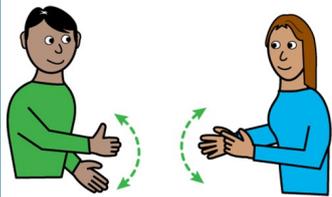
Key information

	<p>Other ways I communicate are:</p>
<p>my medication</p> 	<p>I do / do not take medication, it is:</p> <p>(Circle the correct option and give any details that are needed)</p>
	<p>I will only take medication if:</p>
<p>help writing</p> 	<p>Somebody else is completing this for me. Their name and relation to me is:</p>
<p>religion</p> 	<p>My religious and cultural needs are:</p>

Communication and care



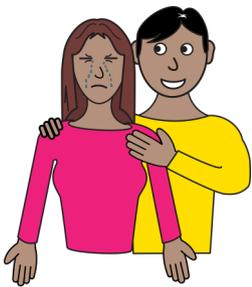
The school/nursery I am at is called:



How I communicate and express my needs :



How I normally get about:

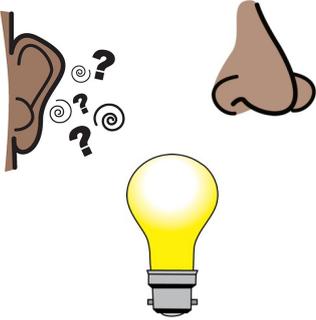
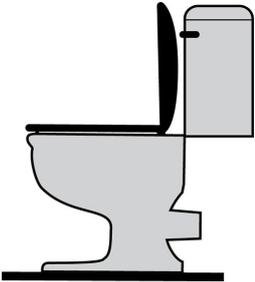
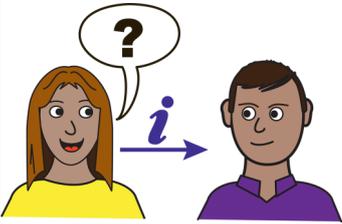


Things that help me settle:

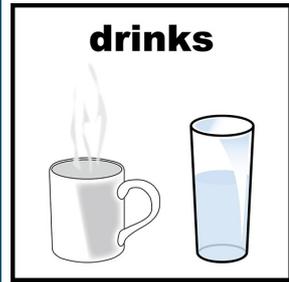


Things that upset me:

Communication and care

	<p>I am sensitive to:</p>
	<p>You will know I am in pain, anxious, hungry or tired if:</p>
	<p>I will / will not need help going to the toilet</p> <p>(Circle the correct option)</p>
	<p>It is sometimes / never okay to hold me</p> <p>(Circle the correct option)</p>
	<p>I also want you to know:</p>

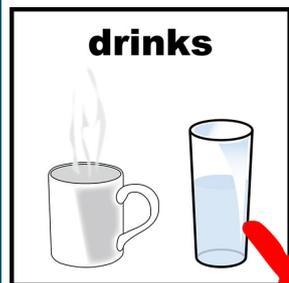
Comfort



Drinks I enjoy are:

I will only drink this YES / NO

(Circle the correct option)

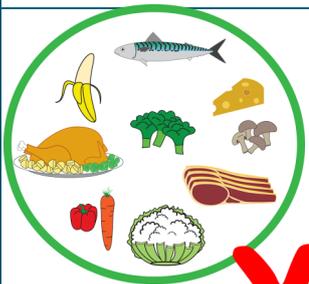


Drinks I don't like are:

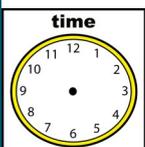


Foods I like are:

I will only eat this YES / NO

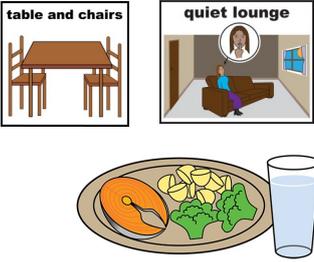
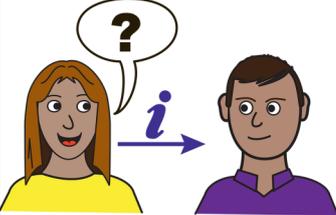


Foods I don't like are:



My mealtimes are:

Comfort

 <p>table and chairs</p> <p>quiet lounge</p>	<p>The place I like to eat is:</p>
 <p>support with meals</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 also want you to know:</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

For family and friends

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

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

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 ਕਿਸے ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ 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.

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