

## Aids and equipment used:

(please circle)



Dentures

Yes No



Glasses

Yes No



Hearing aid

Yes No



Wheelchair

Yes No



Walking frame

Yes No

## Other information:

(reasons for vulnerability, such as learning disability or dementia)

## Personal details:

Name:

What I like to  
be called:

Date of birth:

NHS number:

Religion:

Normal weight:

GP name and  
phone number

If you need to contact someone  
who knows me really well,  
please contact my main carer.

Name of  
main carer:

Relationship  
to me:

Telephone  
number:

**SOS information** (allergies or  
medical conditions)

# My hospital passport

Name:

## Photograph

(you do not have  
to put your photo  
here if you do not  
want to)

I understand that this passport is  
designed to help hospital staff  
care for me by giving them  
information about my needs.

More detailed information can  
be found in my care plan.

## Mobility needs

(such as getting out of bed and walking)



## How I communicate

(how I show my needs, feelings and emotions)



## Safety needs

(how to keep me safe from harm, for example, using bed rails)



## Personal care



## Mental health and behaviour



## Taking my medication



## Sleeping and bedtime



## Occupying myself



## Eating and drinking

(dysphagia and swallowing problems)

