

## THINGS THAT ARE IMPORTANT TO ME

### IMPORTANT PEOPLE

Family, friends, key workers?

### LEVEL OF SUPPORT

Who needs to stay and how often?

### HOW I USE THE TOILET

eg. continence aids, getting to the toilet

### PERSONAL CARE


Dressing, washing and teeth cleaning support I need

## MY LIKES AND DISLIKES

### THINGS I LIKE

Things important to me that I enjoy and help me relax. Food and drink I like. Clothes and shoes I like to wear.


Things I like could include:  
Favourite music, TV programmes, favourite foods, activities, how I relax.



### THINGS I DON'T LIKE

Things that make me unhappy anxious or scared. Food and drink I don't like.

Things I don't like could include:  
Things that worry me, food I don't like, ways I don't like being treated.



My  
Health and Wellbeing  
Passport

Things you **MUST** KNOW about me

Things that are **IMPORTANT** to me

My **LIKES** and **DISLIKES**

Please return this to me when I am discharged.



If I go to hospital this book needs to go with me.

This is essential reading for all hospital staff working with me. It gives important information about me.

This book should be kept at the end of my bed, with my notes, and used when you talk to me.

## THINGS YOU MUST KNOW ABOUT ME

My name is:

I like to be known as:

Type of home I live in:  
eg. supported living, family home

Who to contact for more information about me and any access issues:  
eg. deaf, non english speaking

My GP is:

Adverse drug reactions or allergies:

Filled in by:

Please sign here:

Date:

### EATING AND DRINKING

What help I need, and food allergies or intolerances?

Does my food need to be cut up or liquidised? Is there a risk I may choke? Do I need special equipment? Do I need help filling in menus?

See also the likes and dislikes section

### BEHAVIOURS I HAVE

that may be challenging or cause risk:

What you can do to support me with my behaviours - things that help me relax

### PAIN

How I show I'm in pain and how to support me:

### KEEPING ME SAFE

Do I wander? Could I fall out of bed?

### HOW I TAKE MEDICATION

One tablet at a time, on a spoon, via a syringe?

Do I need help to make sure I have swallowed?

### HOW TO SUPPORT ME WITH MEDICAL INTERVENTIONS:

Taking my temperature, blood pressure, blood test, giving injections

### MY SIGHT AND HEARING

Any problems I have? Any aids I use?

### OTHER VITAL INFORMATION

Eg. advance care directives and other allergies

### HOW TO SUPPORT ME IF I'm anxious, worried or upset:

### HOW I USUALLY AM

For example do I sleep lots, am I usually very quiet?

### COMMUNICATION

How well I use and understand speech:

Other ways I use to communicate - signing or pictures? How I show how I feel, how I communicate yes and no.