

MY HEALTH PASSPORT

Photo of me here

MY FIRST NAME IS:

MY LAST NAME IS:

I LIKE TO BE KNOWN AS:

**PLEASE ENSURE I TAKE THIS WITH
ME WHEN I LEAVE**

Notes for person completing this passport

- Completing this passport is optional. You may decide how much information you want to give under each section and may even choose not to complete some sections of the passport.

Notes for medical and support staff

- If you are involved with my care and support, please read this passport.
- This is not my Medical Record. This passport gives information about:
 - Things you MUST know about me (Section A)
 - Things that are Important to me (Section B)
 - Other Useful information (Section C)
- Please return this passport to me when I leave.

Section B: Things That Are Important To Me

My Details

First name Surname

I like to be known as

Date of birth Age

Gender Male Female

Address

Suburb

State Post Code

Phone Number Mobile

Email

Medicare Number IRN

Date of completion (see Updates page for changes, if any)

I live with

Section B: Things That Are Important To Me

This is what I want to tell you about myself

(You may wish to write here about your impairment or other health condition/s. For example: I have cerebral palsy; I have epilepsy and my seizures vary from mild seizures to strong seizures that may last up to 3 minutes; I have Alzheimer's disease; etc.)

A large, empty rounded rectangular box with a thin purple border, intended for the user to write their response to the prompt above.

Section B: Things That Are Important To Me

My Communication

My first (or preferred) language is

I can also use the following language/s

I need help with interpreting.

Yes

No

Language

I communicate with people using: (e.g., gestures, facial expressions, picture charts, hearing aid, digital diary, electronic communicator, etc)

Things you need to know when communicating with me are: (e.g., speak slowly, face me, tap my shoulder for attention, turn on my equipment, etc)

Please care for my communication equipment by:
(e.g., charge every night, return to protective cover when I am not using it)

Section B: Things That Are Important To Me

Best contact person/s (e.g. next of kin and important people in my life)

Full Name	Relationship to person	Phone Number

Other contact information

Section B: Things That Are Important To Me

Decision Making

I can and would like to make my own decisions, so please ask me first.

If, for some reason, I am incompetent or unconscious at the time when the decision needs to be made, the following will apply:

a) Do I have a legal representative? (see item (b) below) Yes No

My legal representative is

Full name

Legal relationship: (e.g., welfare guardian, enduring power of attorney, etc)

Phone Number

Mobile

Email

b) Do I have advance directives? (see item (c) below) Yes No

My advance directives can be found at: (e.g., on my medical file, in cupboard at home, I have given verbal directives to my eldest son, etc)

c) (Please note that this section applies only if I have ticked 'No' to both sections a and b above.) I do not have a legal representative or advance directives and trust that any decision concerning my care and welfare will be made by appropriate professional/s in my best interests after taking into account my views if they are known, or consulting people who know me and care about me.

Section B: Things That Are Important To Me

My doctor or general practitioner (GP)

Full name

Practice

Address

Suburb

State Post Code

Phone Number Mobile

Email

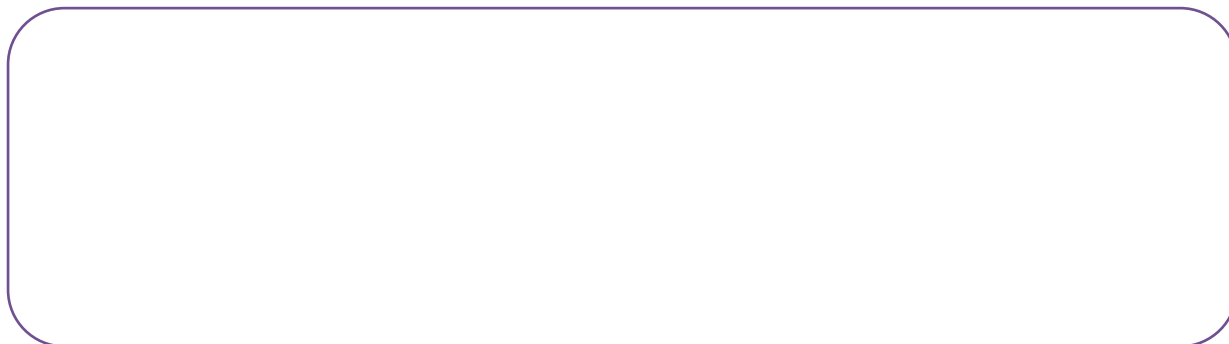
Things to know when providing medical care

You would know I am in pain when: (e.g., I can tell you, I make a particular sound, I rock my body, etc)

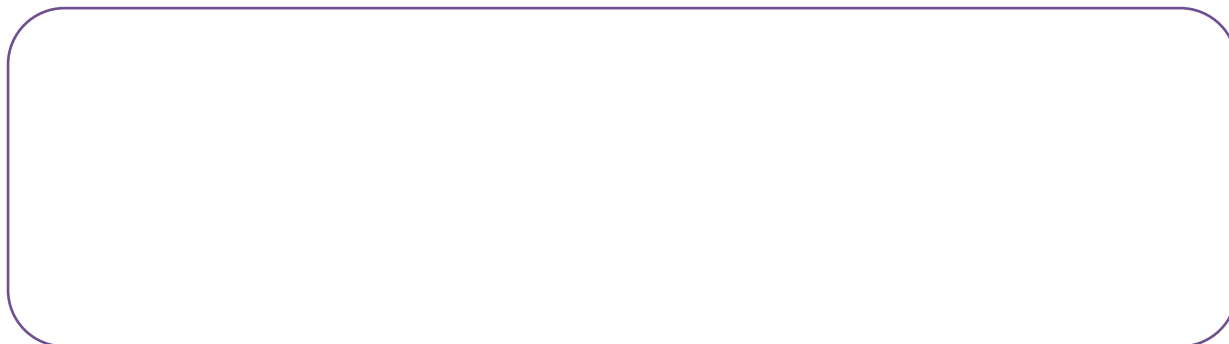
I have the following medical problems: (e.g. heart, breathing)

Section B: Things That Are Important To Me

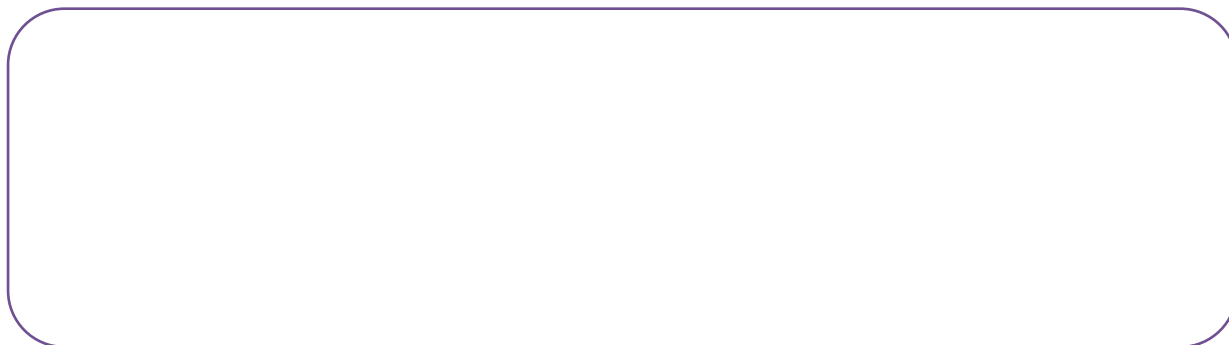
Medical history and treatment plan: (Please advise of major surgeries, medical interventions and current care plans)



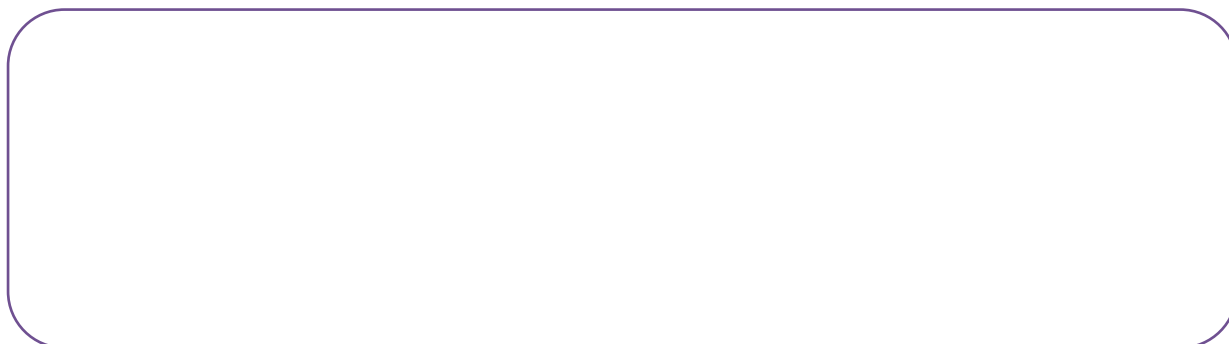
I am allergic to: (e.g., certain medicines, perfume, nuts, etc)



When giving me medication, please: (e.g., crush my tablets)



When conducting a medical examination, please: (e.g., be aware of my catheter bag, lie me on my left side, etc)



Section B: Things That Are Important To Me

Other things that you need to know about my medical care: (please provide other information not already covered that staff must know about you)

Medications

Medication Name	Dose and Frequency	Purpose (if known)	How Taken

Section B: Things That Are Important To Me

Safety

Check the box next to the statement that applies to you.

No, I don't need support with my safety. Please go to section B.

Yes, I may need support in keeping safe. Please read information below.

Things important for my physical safety: (e.g., raised bed rails, my chest harness, sharp objects removed from room, to be watched as I tend to run away, etc)

Things that upset me or cause me stress are: (e.g., bright lights, loud noise, etc)

You would know that I am anxious or stressed when: (e.g., I start rocking my body, I start biting myself, I start banging my hands, etc)

Things you could do to help me settle down are: (e.g., play soft music, take me out for a walk, call the crisis team, etc)

Section B: Things That Are Important To Me

Moving Around

Check the box next to the statement that applies to you.

No, I don't need support with moving around. Please go to Daily Activities.

Yes, I may need support with moving around. Please read information below.

I move around using: (e.g., I can walk with the support of a wall, I can see only up to a certain distance, I use a hoist for transfers, I have a guide dog, etc)

Things you need to know when supporting me to move around: (e.g., roll me on one side when helping me to move in bed, let me hold your left arm when you are guiding me, please put my power wheelchair on charge at night, etc)

Please care for my equipment by: (e.g., put on charge when not in use, remove handles before storing)

Section B: Things That Are Important To Me

Daily Activities

Check the box next to the statement that applies to you.

No, I don't need support with daily activities. Please to Section C.

Yes, I may need support with daily activities. Please read information below.

My mobility and falls risk

e.g. walk with assistance, need to be wheeled in wheelchair

How I use the toilet

e.g. continence aides, help to get to the toilet

Personal care

e.g. dressing and washing

Grooming and hygiene

e.g. specific hygiene requirements

How I eat

e.g. food cut up, pureed, help with eating

Section B: Things That Are Important To Me

How I drink

e.g. small amounts, straw

Seeing/hearing

e.g. problems with sight or hearing

How to keep me safe

e.g. bed rails, support with challenging behaviour

My comfort items

e.g. things that reduce my anxiety

Sleeping

e.g. your sleeping pattern/routine

Section C: Other Useful Information

Things I like: (e.g., music, routines, etc)

Things I don't like: (e.g., certain food, dark rooms, etc)

My religious needs: (e.g., karakia/ prayers, Halal food, etc)

My cultural needs: (e.g., I prefer a woman doctor, etc)

Other information: (e.g., tell me when you bring food and what's in it, etc)

Section D: Updates

When there are any changes to your support needs, cross out the original comments and complete this section.

Date

Update by

Details

Date

Update by

Details

Date

Update by

Details

Acknowledgement:

This passport is based on original work entitled, 'This is my Hospital Passport' by Wandsworth Community Learning Disability Team, UK, and the My Health Passport document created by the Health and Disability Commissioner of New Zealand.

Disclaimer:

Valued Lives provides this passport template as a guide only and accepts no responsibility for the accuracy of the information completed in the passport.

**Please return this Health Passport
to me when I leave.**

For more information on how to use this document please contact

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