

This is my

Hospital Passport

For people with hearing impairments coming into hospital.

My name is:

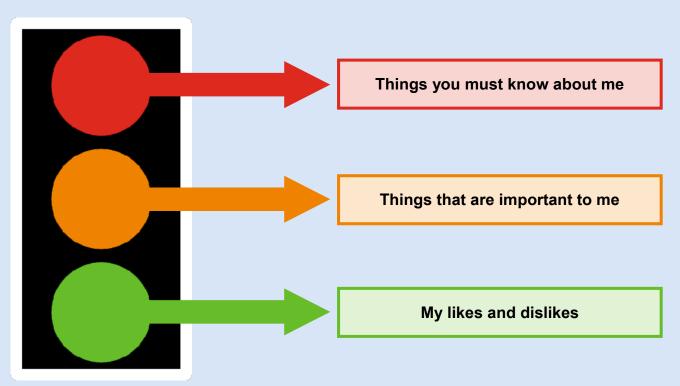




This passport belongs to me.

Nursing and Medical Staff

Nursing and medical staff please look at my passport before you do any interventions with me.



Name:			
am known as:			
NHS Number:			
Date of birth:			
Address:			
Геlephone No:			
low to commur	nicate with me		(please tick)
	meate with me.		
BSL:	Lip reading:	Deaf/blind manual:	Communication aids:
would like you		manual:	
would like you nterpreter:	Lip reading:	manual:	aids: (tick one of the
would like you nterpreter: ASSIST:	Lip reading: to please book a Britis dDeaflinks:	manual: h Sign Language Not Required:	aids: (tick one of the
would like you nterpreter: ASSIST:	Lip reading: to please book a Britis	manual: h Sign Language Not Required:	aids: (tick one of the
would like you nterpreter: ASSIST:	Lip reading: to please book a Britis dDeaflinks:	manual: h Sign Language Not Required:	(tick one of the following providers)
would like you nterpreter: ASSIST:	Lip reading: to please book a Britis dDeaflinks:	manual: h Sign Language Not Required:	(tick one of the following providers)
would like you nterpreter: ASSIST:	Lip reading: to please book a Britis dDeaflinks:	manual: h Sign Language Not Required:	(tick one of the following providers)
nterpreter: ASSIST: Family contact p	Lip reading: to please book a Britis dDeaflinks:	manual: h Sign Language Not Required:	(tick one of the following providers)

Things you mus	st know about me
Religion:	
Religious/ Spiritual Needs:	
Ethnicity:	
GP:	
GP:	
Address:	
Telephone No:	
Other services/ professionals involved with me:	
Allergies:	
Medical Interventions - how to take my blood/ give injections/ blood pressure etc:	Is there anything we need to know?
Heart or breathing problems:	

Current med	cation:			
Do you have	any question	15?		
Do you nave	arry question	13.		
What to do if	I am anxious	s:		

Things that	are in	portant to m	е				
How to comm	How to communicate with me: (please tick						tick)
Pen and pape	er:	BSL:		Face to Face	e:	Don't' cover your mouth:	
Don't Shout:	L	Lip reading:		Plain Englis	h:		
Do you use a	ny mob	ility aids? If you o	do, w	vhat do you u	ıse?		
Seeing/ hear	ng: (pro	oblems with sight	or h	nearing)			
Completed by:				D	ate:		

My likes and dislikes

Likes:

What makes me happy, things I like to do.

For example:

- Watching TV
- Reading
- Music

Completed by:

Routines

Dislikes:

What I don't like

For example:

- Don't shout
- Food I don't like
- Physical touch

Date:

Things I like, <u>please do this</u> .	Things I don't like, don't do this:
Things I like, please do this.	Things I don't like, don't do this:

Notes

Is there anything else	e you would like us to	know?	

Please speak to a member of staff if you need this leaflet in large print, braille, audio or another language.

Contacts and useful websites

Community Learning Disability Teams (CLDT)

dDeaflinks Staffordshire

Website: deaflinksstaffordshire.com

Day time SMS: 07791 459307

24 hours interpreting mobile: 07977 552414 (emergency only)

Tel.no: 01782 219161 (voice only)

Assist (Autism & Sensory Support in Staffordshire)

Website: www.staffordshire.gov.uk/education/ASSIST

Email: assist@staffordshire.gov.uk

Tel.no: 01785 356835

Mobile / SMS: 07816 316297

Emergency out of hours interpreter bookings only: 07977 007184

Deaf Blind UK

Website: deafblind.org.uk

SSOTP (Staffordshire and Stoke-On-Trent Partnership NHS Trust)

Website: www.staffordshireandstokeontrent.nhs.uk

Acknowledgements

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This document has been further redesigned by University Hospitals of North Midlands NHS Trust.