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| GREENAMBERREDMY HEALTH PASSPORTName: Completed by: Date: |
|  | This leaflet will help hospital staff to know important things about me. |
|  | Hospital staff need to keep this where everyone involved in my care can read it. |
|  | I should always be involved in decisions about my care.All members of the multi-disciplinary team that look after me should read this. |

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| RED ALERTThings you must know about me. |
|  | Name:I like to be known as: NHS Number: |
|  | Address:.Tel. No.:Date of Birth: |
|  | G.P.: Address:  |
|  | Next of Kin:Relationship:Tel. No.: |
|  | Keyworker / Main Carer: GRS Care providerTel. No.: |
|  | Professionals involved:  |
|  | Strongly held beliefs / Religion: |

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|  | I can read:  |
|  | My Allergies:The Medication I take is: |
|  | My current Medical Conditions: Brief Medical History:Date of last health check:Date of last cancer screening: |
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|  | How to take my blood, give me injections, take my temperature, medication, BP etc.:. |
|  | Things that may upset me: I am scared of: |
|  | My Eating & Drinking issues are: Diabetes,  |
|  | I can speak up for myself: Yes  |

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| AMBERThings that are really important to me. |
|  | Communication – How to communicate with me.  |
|  | Information sharing – How to help me understand things. |
|  | My seeing / hearing – Problems with sight or hearing  |
| teeth | My teeth – oral hygiene, dental care. |
|  | Eating (swallowing) – Food cut up, choking, help with feeding.  |
|  | Drinking (swallowing) – To drink I need –  |
|  | When going to toilet – I need help with –  |
|  | Moving around – I need help moving around. Yes 🞏 No 🞏I use specialist equipment - Yes 🞏 No 🞏Details – |
|  | When taking medication –I like –I don’t like – |
|  | When I am in pain –  |
|  | How I sleep –  |
|  | Keeping safe – To keep me safe I need –  |
|  | Personal Care – I need help I don’t need help  |
|  | Things which make me upset or ill – |
|  | Level of support –I need someone to stay in hospital with me – In the day Yes 🞏 In the night No 🞏 |

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| GREENThings I would like to happen |
|  | Things that make me happy.  |  | Things that make me sad. |
|  | Things I like. |  | Things I don’t like.  |
|  | What food I like. |  | What food I don’t like. |

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|  | For help, advice and support please contact – |
|  | Address | Telephone | Fax |
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