

This is my

Hospital Passport

For people with hearing impairments coming into hospital.

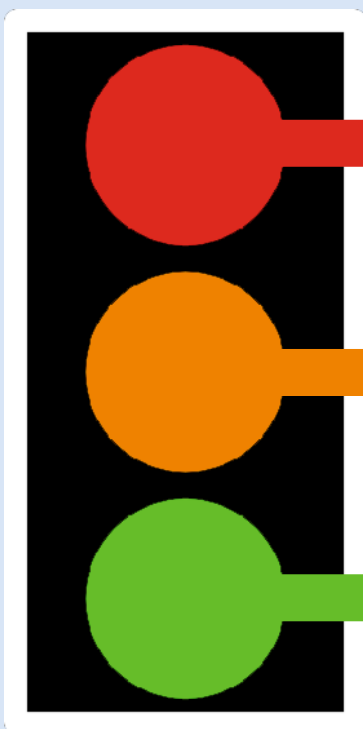
My name is:



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.



Things you must know about me

Things that are important to me

My likes and dislikes

Things you must know about me

Name:

I am known as:

NHS Number:

Date of birth:

Address:

Telephone No:

How to communicate with me:

(please tick)

BSL:

Lip reading:

Deaf/blind
manual:

Communication
aids:

I would like you to please book a British Sign Language
Interpreter:

*(tick one of the
following providers)*

ASSIST:

dDeaflinks:

Not Required:

Family contact person, carer or other support:

Relationship (Mum, Dad, Home Manager, Support Worker etc):

Address:

Telephone No:

Things you must know about me

Religion:

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**Religious/
Spiritual Needs:**

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Ethnicity:

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GP:

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Address:

Telephone No:

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**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:**

Things you must know about me

Current medication:

Do you have any questions?

What to do if I am anxious:

Completed by:

--

Date:

--

Things that are important to me

How to communicate with me:

(please tick)

Pen and paper:

BSL:

Face to Face:

Don't cover
your mouth:

Don't Shout:

Lip reading:

Plain English:

Do you use any mobility aids? If you do, what do you use?

Seeing/ hearing: (problems with sight or hearing)

Completed by:

Date:

My likes and dislikes

Likes:

What makes me happy, things I like to do.

For example:

- Watching TV
- Reading
- Music
- Routines

Dislikes:

What I don't like

For example:

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

Things I like, please do this.

Lined writing area for 'Things I like, please do this.' with a large smiley face icon in the center.

Things I don't like, don't do this:

Lined writing area for 'Things I don't like, don't do this:' with a large frowny face icon in the center.

Completed by:

Blank space for the student's name.

Date:

Blank space for the date.

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.