

HEALTH AND WELLBEING PASSPORT



Moyah's
Legacy

HEALTH AND WELLBEING PASSPORT

Nursing and medical staff please look at my health passport before you help me.

Things you must know about me

These things are important to me

My likes and dislikes

Stick your
Photo
Here

Surname

Name

Date of birth



THINGS YOU MUST KNOW ABOUT ME

My Name _____

I Like to be Know as _____

My Address _____ Postcode _____

How I communicate/what language I speak _____

My Contact number _____

My next of kin _____ Relationship _____

Their Address _____

Their Contact number _____ Postcode _____

My Support needs and who gives me the most support

Who I live with _____

My religion _____

My ethnicity _____

My religion needs _____

My Gps _____ Name _____

Their Address _____ Postcode _____

Their Contact number _____

Their Contact number

Allergies

Medical interventions

My heart Problems

My breathing problems

Blood group

How to take my blood or give me injections

My risk of choking, or my eating, drinking and swallowing problems

My current medication

THINGS YOU MUST KNOW ABOUT ME

How to communicate with me _____

How I take medication (crushed tablets, Injections, syrup)

How you know I am in pain

Moving around (posture in bed, walking aids)

Personal care (dressing and washing etc.)

THINGS YOU MUST KNOW ABOUT ME

Problems with sight

Problems with my hearing

How do I eat food (cup up, risk of choking, help with eating)

How I use the toilet (continence aids, help to get to the toilet)

Sleeping (sleep pattern/routine)
