



My Health Passport



If you are a health care professional that will be helping me,
PLEASE READ THIS before you try to help me with my
care or treatment.



This important information is so you can better
support me when I visit/stay in your hospital or clinic.

Date: _____

My full name is: _____
 I like to be called: _____
 Date of birth: _____
 My primary doctor: _____
 My doctor's phone number: _____
 My doctor's address: _____
 My dentist: _____
 My dentist's phone number: _____
 My dentist's address: _____
 My personal health number: _____
 My address: _____
 My phone number: _____
 My emergency/main contact person: _____
 Their phone number: _____
 Other important contacts: _____
 I have a Representation Agreement Yes No
 My Representative is: _____
 My Representative's contact #: _____
 Signing authority (myself or other): _____
 You can talk to this person/people about my health: _____

My culture/religion if important: _____

Other important information: _____

WHO I WANT TO BE IN THE HOSPITAL WITH ME: _____

Attach your picture
here

My allergies are:

Talking to me and listening to me:

How I communicate (with words, preferred language, sign language, communication device, sounds, facial expressions, etc.):

How I understand best:

Do I read and write:

How I let you know I am in pain, unwell, distressed, scared or worried:

If I am in pain or upset, the best way you can help is me is by (what comforts me and helps me feel better):

If I am in the hospital, who do I want support from, who do I want to be there with me:

Who I want and need to stay in contact with and how I stay in contact with them:

Names of people I want to stay in contact with and their contact information:

How I stay in contact with them: (eg. in person, phone calls, text, messenger, Face Time, What's Ap, Zoom, etc.)

THE SUPPORT I WANT IF I AM IN THE HOSPITAL: Things I can do on my own and things I want and need help with: (eg. communicating, making health care decisions, someone with me at all times, someone to ensure I have fair and equal treatment, walking, getting washed and dressed, using the washroom, drinking and eating.)

I am very sensitive to or scared of: (eg. specific sights, sounds, smells, textures, light, the dark, being alone, uniforms, doctors, strangers, masks, needles, blood, etc.)

How I deal with medical tests/procedures: (eg. injections, IV's, physical examinations, x-rays, new procedures)

How to help me prepare for them and get through them – how to best support me:

What do I need to be comfortable and feel calm & secure. What helps me feel better when I am sick. What helps me relax. What helps me fall asleep:

What needs to be in the hospital or hospital room to help me be safe and secure: (physical environment and accommodations to ensure I am comfortable):

Things I have that help me: (eg. glasses, hearing aid, walker, wheelchair)

Things I like to do that will help me pass the time:

My brief medical history: (can include health conditions, visual or hearing impairments, past operations or illnesses, my vaccinations and other medical information)

My brief emotional/mental health history:

My current medications are:	When I take my medication, I prefer to take it: (eg. With water, with food):

I am on a special diet:	My favourite food and drinks are:	I do not like to eat or drink the following:

Other important information: (eg. What I brought to the hospital with me, who to stay in contact with, who to call for my discharge, who to help me with followup)

Other information and tips to help me be happy, healthy and safe:

This document was adapted from the “About Me-My Hospital Passport” from the Treat Me Right Campaign at www.supportforliving.org . Document cite: Perkins, E.A. (2011). My Health Passport for Hospital/Clinic Visits. Florida Centre for Inclusive Communities, <http://flfcic.org>. Development of this material was supported by the Administration on Developmental Disabilities (#90-DD-0668, Fox and Kincaid).

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