

Get me?

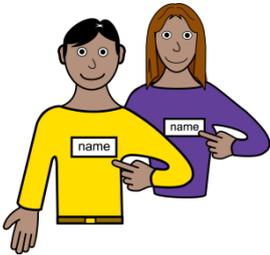
Get a better understanding of learning disabilities

NHS

Get Me Better!

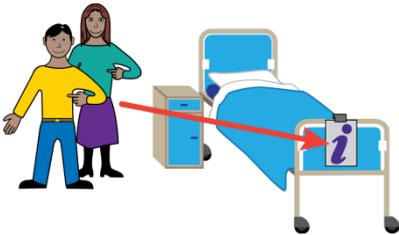


Hospital Passport



My name is.....

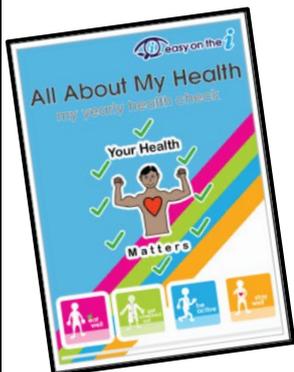
I like to be called.....



I am an individual; please think about any **reasonable adjustments** that are needed to support me. The information in this document will help you to know all about me.



! Please keep this document in the end of bed folder with the Get Me Better magnet and any other appropriate magnets displayed. !



There is more information about me in the nursing and medical files. I may also have further information like an `All About My Health` or similar document.

There is also useful information provided in the pack with the hospital passport which might be useful during my stay.

**Get
me?**

Get a better understanding
of learning disabilities

Get Me Better!



Hear Me Better!



Treat Me Better!



Speak to Me Better!



Know Me Better!



Feed Me Better!



Make Me Better!



See Me Better!



Support Me Better!



I am Better!



NHS Number:

PAS Number

address and telephone



Address:

Tel no:

Date of Birth:

doctors



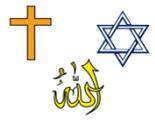
Doctor (GP) name and address:

Next of Kin:
Relationship:



Tel no:

religion



Religion:

keyworker



main carer:

Relationship:

Tel no:

my home



Where I live: (please circle)

with my family

Alone

Nursing home

Supported living : I have hours support each week, provided by: (name of organisation)



Professionals involved:

Name:

Tel no:

Job title:

allergies



Allergies:

Current medical conditions/medical history
(including heart/respiratory problems)

hospital



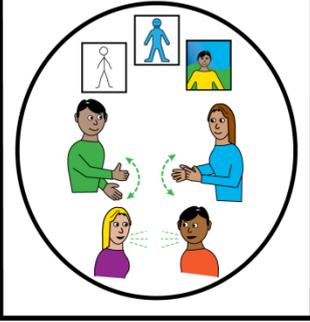
The reason I am at the hospital today
(OPA, Admission, reason)

risk



Behaviours that may be challenging or cause risk:

communication



Communication:

How to communicate with me, problems with sight or hearing, how to help me understand things.

medication



My current medication is:

This how I take my medication (Crushed tablets, injections, syrup, peg).

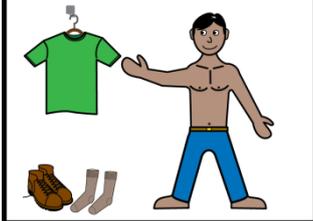
toilet



Going to toilet:

Continence aids, help to get to toilet.

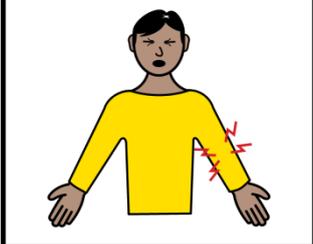
dressing



Personal care:

Dressing, washing etc.

pain



Pain:

How you know I am in pain.

eating



Drinking and Eating (swallowing issues):

postural care



Moving around:

Posture in bed, walking aids etc.

sleeping



Sleeping:

Sleep pattern, sleep routine.

like



Things I like

Please do this:

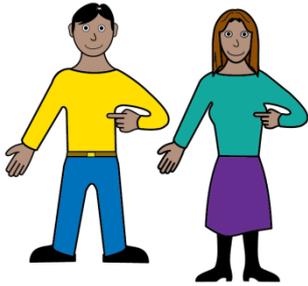
dislike



Things I don't like

Don't do this:

Consent/Capacity



If any medical decisions are discussed please have a conversation with me or speak to

.....

Their relationship to me is

.....

They will help me to understand the information



I / They will let you know if I have a

PoA Advanced Decision Document

If you need to consider my understanding or any best interest decision please document this here or on the additional information page.

Is there a **“Do Not Attempt cardiac pulmonary resuscitation”** (DNACPR)

Please tick below

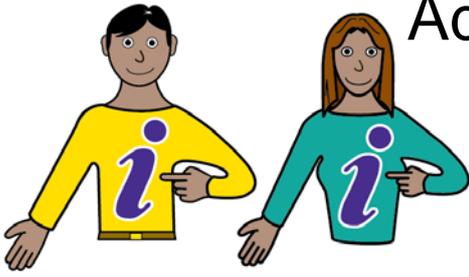
Not currently in place

In place

In place dated

date

Additional information



Completed by:

Date:

Relationship:

Contact details: