

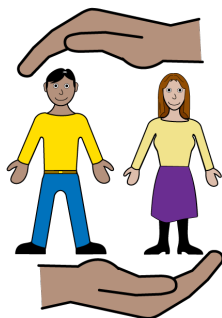


Learning Disability Health Passport

NHS
The Leeds
Teaching Hospitals
NHS Trust

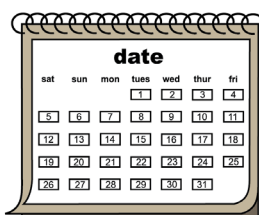
Easy Read

better care



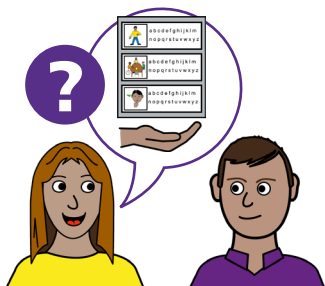
This Passport will help us understand you and care for you better.

update every year



Please update every year or if something changes.

ask for support



It is a long document.

Please take your time and ask for help if you need it.

return to us by



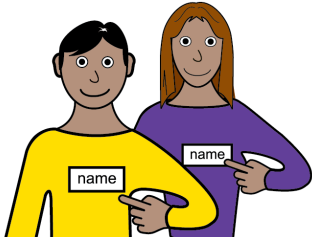
When you have completed the passport please return it to us to add to your medical record.

By Email: **Leedth-tr.lidautism@nhs.net**

By post: **The Learning Disability and Autism Team, Trust Headquarters, Leeds Teaching Hospitals, Beckett Street, LS9 7TF**

About me

my name



My name is...

put a photo
here



I like to be called...

my pronouns



She / her



He / him



They / them

My pronouns are...

date of birth



My date of birth (birthday) is...

NHS
Number

Your healthcare,
your record,
your number

My NHS number is...

keep in medical notes

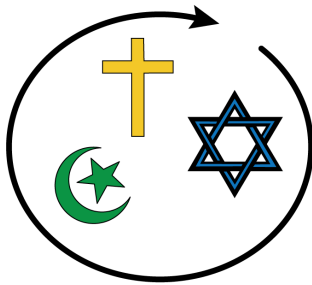


You can keep a copy of my Hospital passport in my medical notes.

Yes

No

Religion / spiritual needs



My Religion / spiritual needs are...

.....

.....

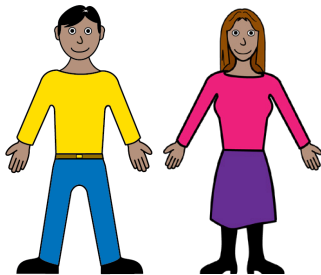
.....

I would like chaplaincy in hospital:

Yes

No

gender



Gender I identify as now:

Male

Female

Non-binary

Prefer not to say

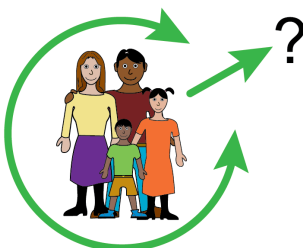
Gender assigned at birth:

Male

Female

Prefer not to say

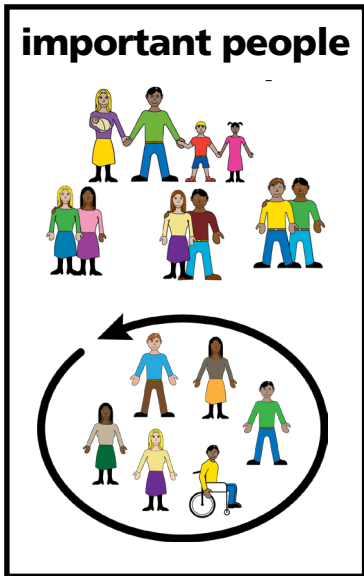
next of kin



My next of Kin is...

Name:

Telephone:



People who are important to me, for example my family and keyworkers...

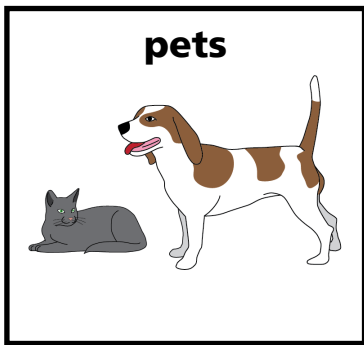
.....

.....

.....

.....

.....



My pets are important to me...

.....

.....

.....

.....



My social care package looks like...

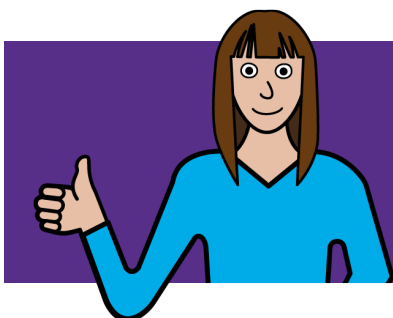
.....

.....

.....

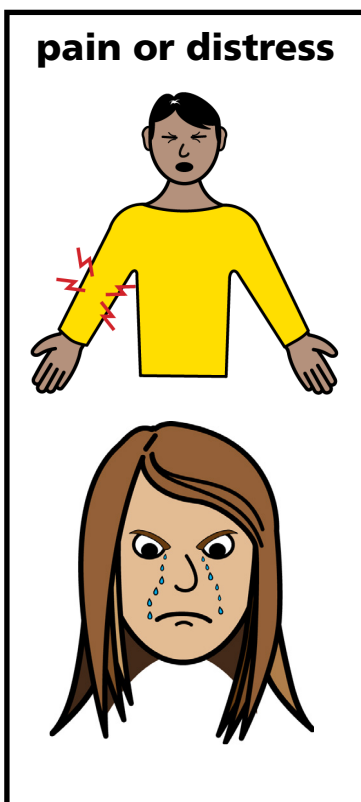
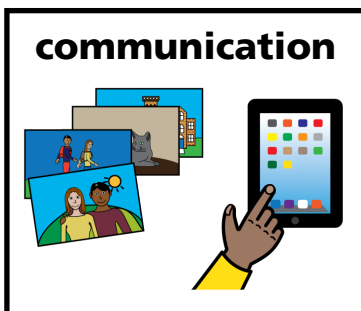
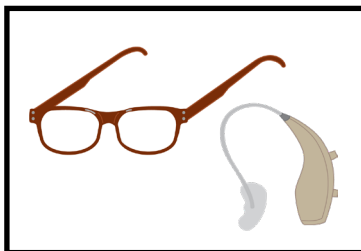
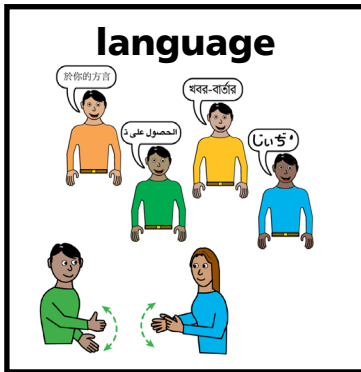
.....

My social worker is:



I am an individual; please think about any reasonable adjustments that are needed to support me.

How I communicate



My preferred language is...

.....

.....

.....

I use:

Glasses

Contact lenses

Hearing aids

I use a communication aid:

Yes

No

If something is not right, I might show pain or distress by...

.....

.....

.....

.....

.....

.....

.....



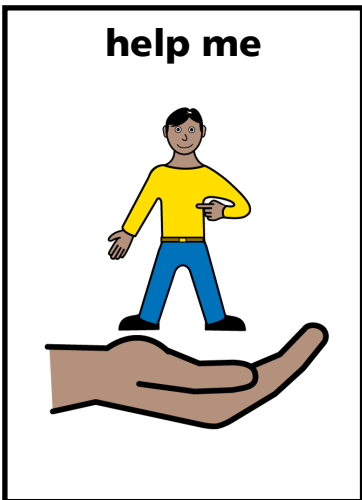
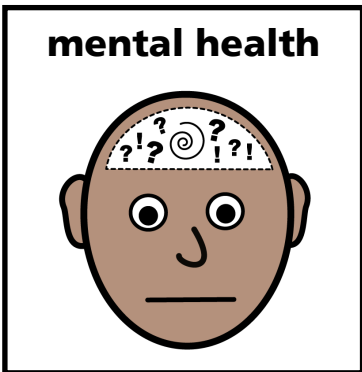
How can you help me if my communication changes?

Four horizontal dotted lines for writing.

Things I like to talk about...

Four horizontal dotted lines for writing.

Mental health



Things which affect my mental health...
(eg relationships, money, health)

Four horizontal dotted lines for writing.

When my mental health is worse I might...
You can help me by...

Four horizontal dotted lines for writing.

Decision making

decisions



When well, I can make decisions about...
Mental capacity is time and decision specific.

.....

.....

.....

.....

.....

help



I might need help to understand a decision.
I find the following things useful:

.....

.....

.....

.....

.....

help with decisions



I might need help from... (eg parent, partner,
friend or IMCA) to understand a decision.

.....

.....

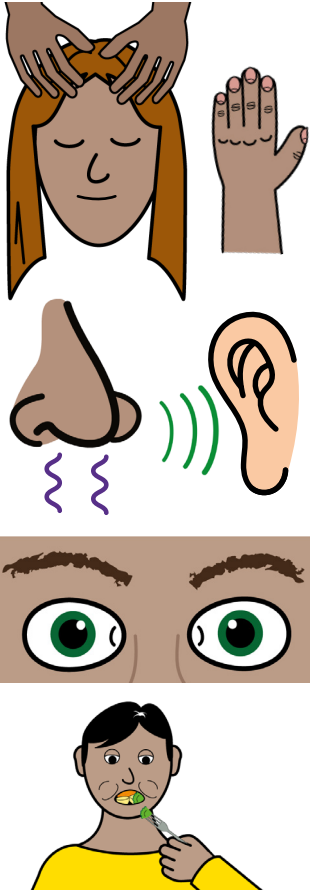
.....

.....

.....

My sensory needs are:

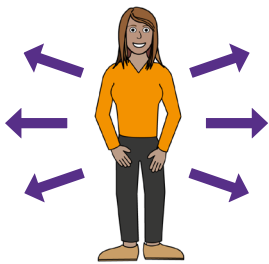
sensory needs



Touch, sounds, smells, sights, tastes:

Handwriting practice area with 12 horizontal dotted lines.

spatial awareness



Spatial awareness or environment

Handwriting practice area with 3 horizontal dotted lines.

other sensory needs



Other

Handwriting practice area with 3 horizontal dotted lines.

Hospital

list of things



This is a list of the things I will bring to hospital... (please label these with your name and address).

.....

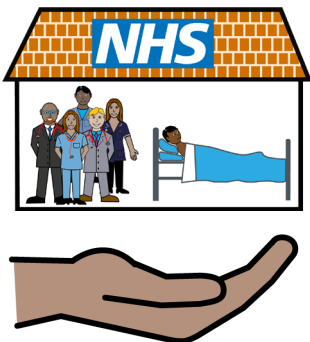
.....

.....

.....

.....

reasonable adjustments inpatient



Reasonable adjustments I need during inpatient hospital admission... what went well in the past?

.....

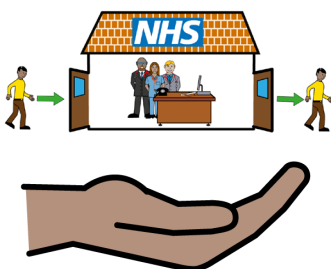
.....

.....

.....

.....

reasonable adjustments outpatient



Reasonable adjustments I need during outpatient hospital appointments...

.....

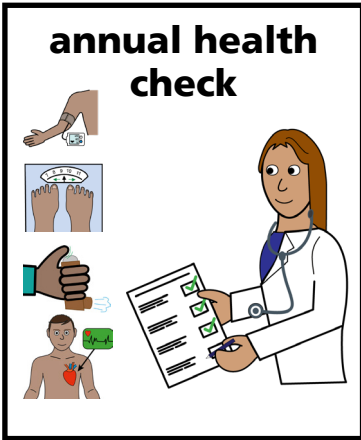
.....

.....

.....

.....

My physical health:



I attend my annual health checks:
(over 14 years old only):

Yes

No



I am allergic to:
(Please see eMEDs and GP Tab).

Food & drink	Medicines	Products



How I take my medications...

.....

.....

.....

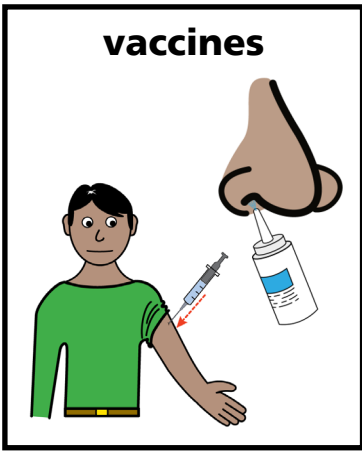


Non-prescription drugs I take are...

.....

.....

.....



I have my flu vaccine each year:

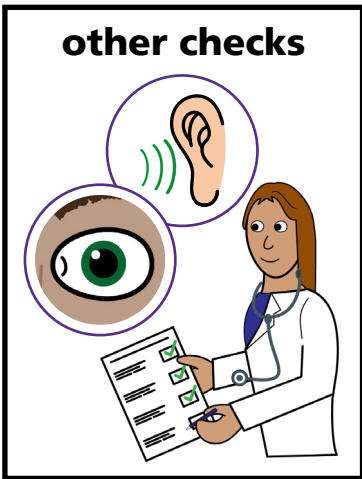
Yes

No

I have had my covid vaccines:

Yes

No



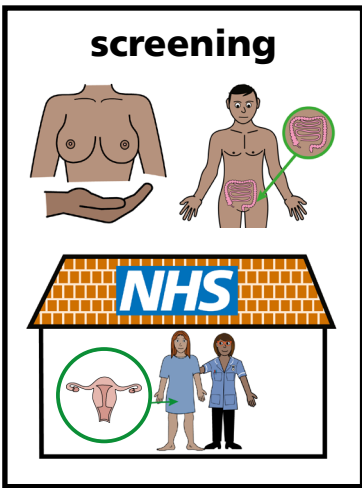
Other regular health checks I need are:

.....

.....

.....

.....



I am up to date with routine health screening for my age:

.....

.....

.....

.....



Specialist services involved in my care are:

.....

.....

.....

.....

Eating and drinking

speech and language recommendations



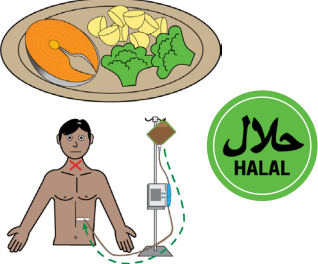
I have Speech and language therapy (SLT) recommendations eg Individual place mats:

Yes

No

(please send a copy for hospital admissions and consider early review from SLT in hospital)

dietary requirements



My dietary requirements are:

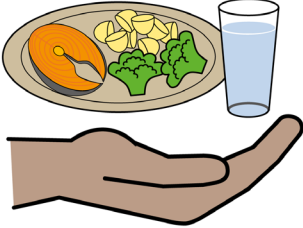
.....

.....

.....

.....

meal time support



My mealtime support is...

And I need this because of these risks...


.....

.....

.....

.....

specialist equipment



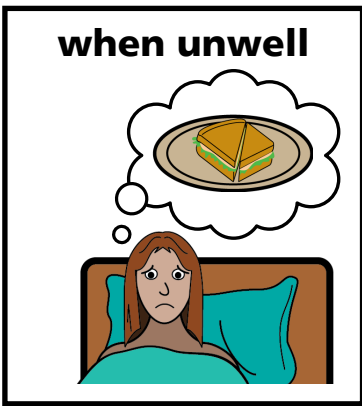
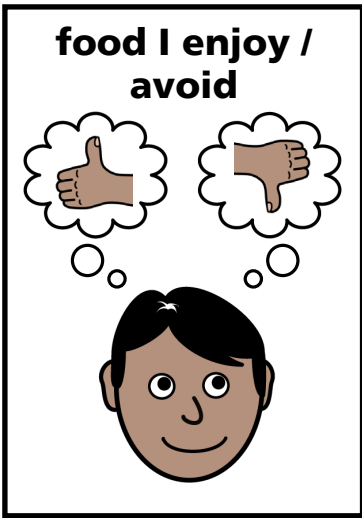
I have specialist equipment to support me at home:

.....

.....

.....

.....



Food and drink I enjoy and I avoid...

I enjoy:	I avoid:
.....
.....
.....
.....

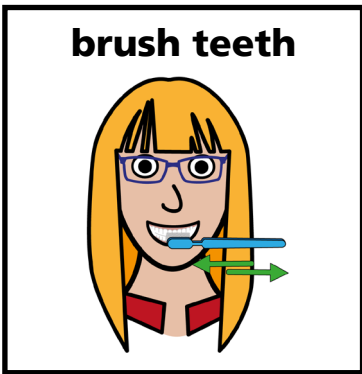
When I'm unwell I like to eat:

.....

.....

.....

Oral hygiene



How I brush my teeth...

.....

.....

.....



My last dental check was...

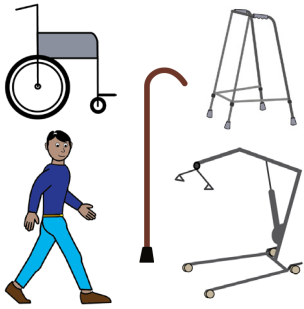
.....

.....

.....

Mobility

move around



When I am well I will move around by:

.....

.....

.....

in bed

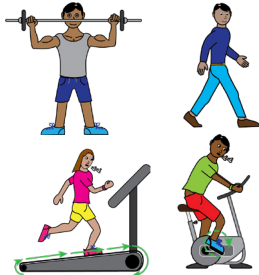


When in bed I need help to move around...

Yes

No

exercise



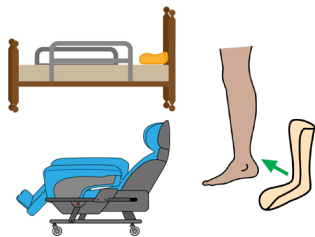
Exercise I like is...

.....

.....

.....

specialist equipment



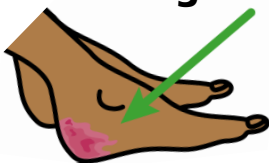
I have specialist equipment to support me at home:

.....

.....

.....

skin pressure damage



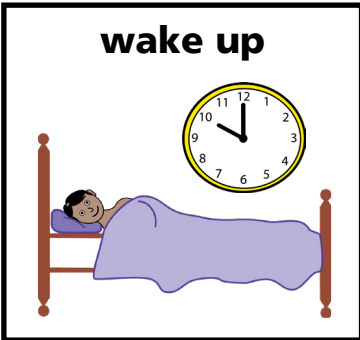
I have had pressure damage before:

Yes

No

Routine

wake up



I usually wake up and go to bed...

.....

.....

.....

need something



If I need anything in the night I will...

.....

.....

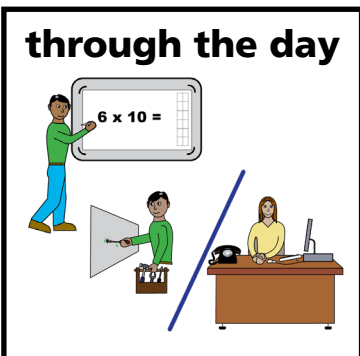
.....

sleep how long



I sleep for hours.

through the day



Through the day I go to...

.....

.....

.....

activities / places

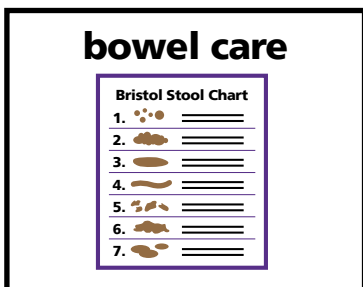
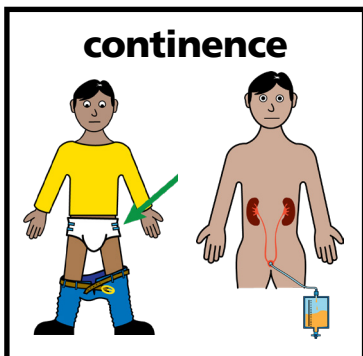
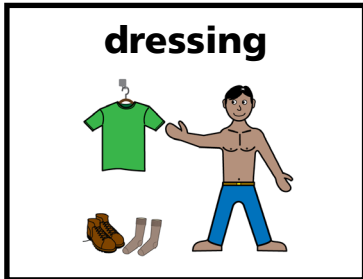


Other activities and places I like are...

.....

.....

.....



I can wash myself...

On my own

With support

I can get dressed...

On my own

With support

I can go to the toilet...

On my own

With support

I use pads...

Yes

No

I have a catheter...

Yes

No

I have a bowel care plan...

Yes

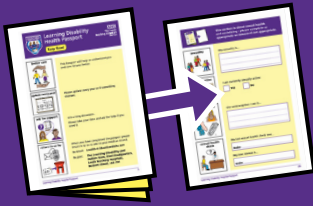
No

If I am constipated I will...

.....

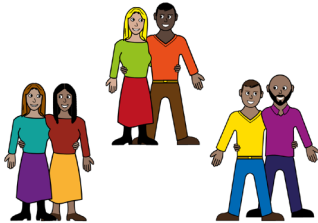
.....

.....



This section is about sexual health and socialising, you can choose whether to complete this page or take it out.

sexuality



My sexuality is...

.....

.....

.....

sexually active

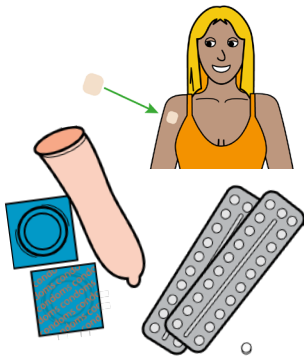


I am currently sexually active:

Yes

No

contraception



The contraception I use is...

.....

.....

.....

sexual health check



I have sexual health checks:

Yes

No

Socialising

support

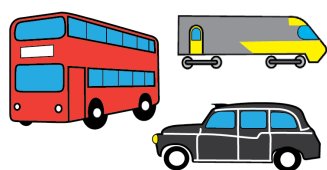


Support I need to socialise:

.....

.....

transport



I can travel by...

.....

.....

smoking



I smoke...

Yes

No

How many do you smoke a day?

.....

alcohol



I drink alcohol...

Yes

No

I drink:

drugs



I take recreational drugs...

Yes

No

I take:

How many times a week do you take them?








.....



Other information you need to know about me...

A large rectangular area with a purple border, containing 20 horizontal dotted lines for writing.

Documents to bring with me to hospital

	<p>Respect</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Lasting Power of Attorney for <i>(please send supporting documentation of this)</i></p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Advance Decisions</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Medication chart</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Speech & Language Recommendations, Placemat</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Positive Behaviour Support plan</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>
	<p>Communication Aid / Recommendations.</p> <p><input type="checkbox"/> I have <input type="checkbox"/> I don't have</p> <p>who to ask about this eg GP... <input type="text"/></p>

