This booklet is

All About Me

For children, young people and adults with learning disabilities coming to Southampton University Hospital NHS Trust

My name is:

If I have to go to hospital this book needs to go with me. It gives hospital staff important information about me and make sure I get the best care. It needs to hang on the end of my bed and a copy should be put in my notes

This passport belongs to me. Please return it when I am discharged

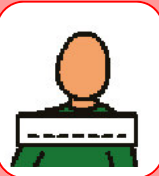**Hospital staff— please look at my passport before any investigations, care or treatment.**
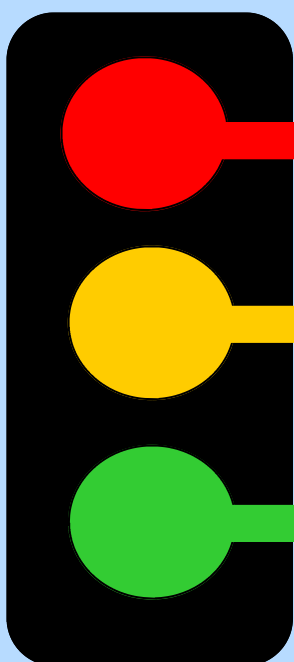
Things you must know about me

Things that are important to me

My likes and dislikes

Either I have completed this passport, or a member of my family or support worker who knows me very well.
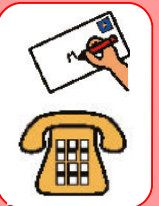
Things you must know about me
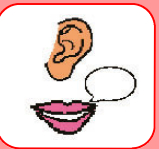
Name:

Likes to be know as:

Date of Birth:

Address:

Tel No:

How I communicate/what language I speak:

Family contact person:

Relationship e.g. Mum, Dad:

Address:

Tel No:

My support needs and who gives me the most support:
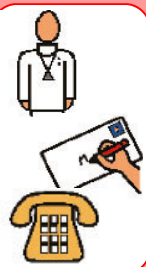
My carer speaks:

| Date completed | by | 1 |

Things you must know about me

Religion: [_____]

Religious needs: [_____]

Ethnicity [_____]

GP: [_____]

Address: [_____]

Tel No: [_____]

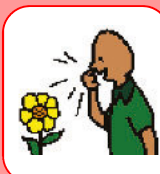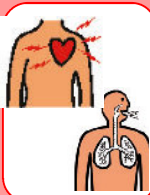**Other services/professionals involved with me: (e.g. social worker, health visitor and their contact numbers)**

Allergies

Medical interventions—how to take my blood, giver injection BP etc

Heart/Breathing problems:

Risk of choking, Dysphagia (eating, drinking and swallowing)

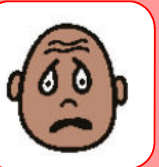# Things you must know about me

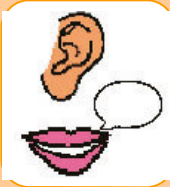**Current Medication:**

My medical History and Treatment plan:
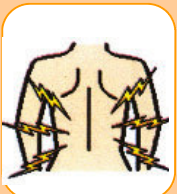
What to do if I am anxious:

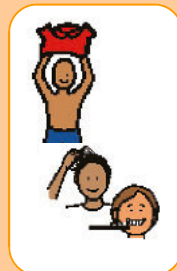# Things that are important to me

How to communicate with me:

How I take medication: (Crushed tablets, injections, syrup)

How do you know I am in pain:

Moving around: (Posture in bed, walking aids)

Personal Care: (Dressing, washing, etc)

Date completed   by   4

For children and Young people other Things that are important to me

Play and Learning and development

My college/school/nursery/playgroup is called

I go to school on these days

My play group leader/teacher is called

My school Nurse is called

My favourite toy and game to play is:

My favourite music is:

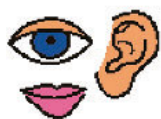**My developmental stage is (e.g.** e.g. walking, crawling, sitting up, sitting unaided

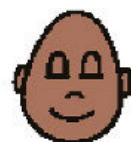Date completed   by   **5**

Things that are important to me

Seeing/Hearing: (problems with sight or hearing

How I eat: (Food cut up, risk of choking, help

How I drink: (Drink small amounts, thickened fluids)

How I keep safe: (Bed rails, support with challenging behaviour)

How I use the toilet: (continence aids, help to get to toilet)
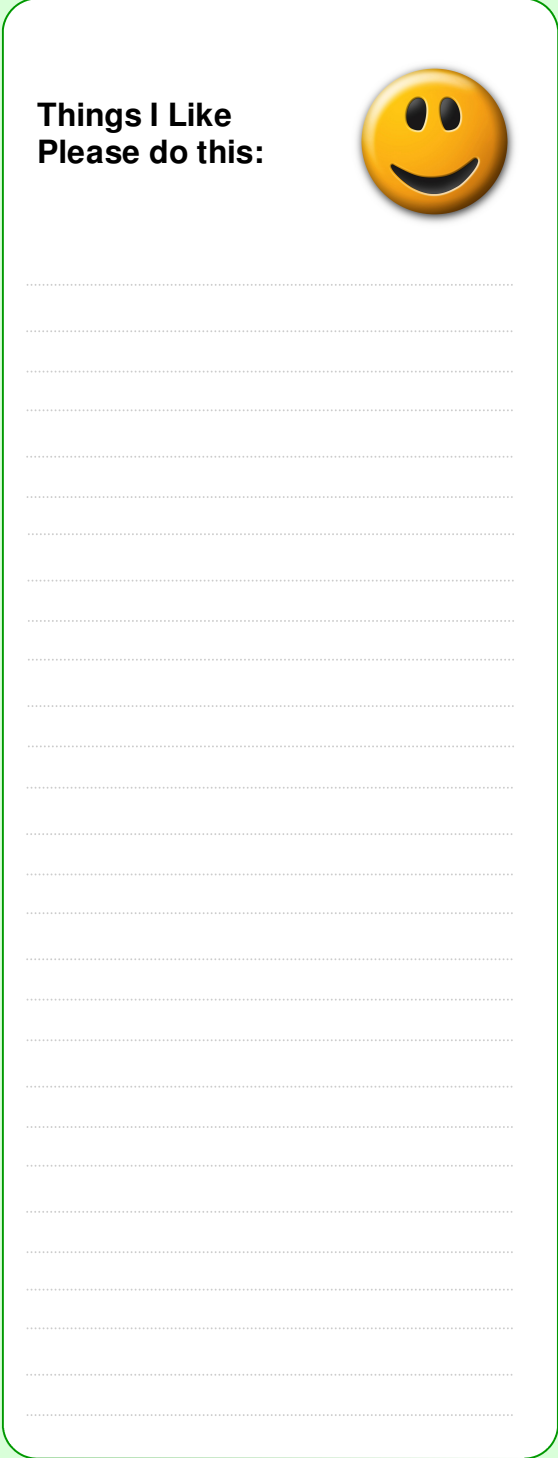
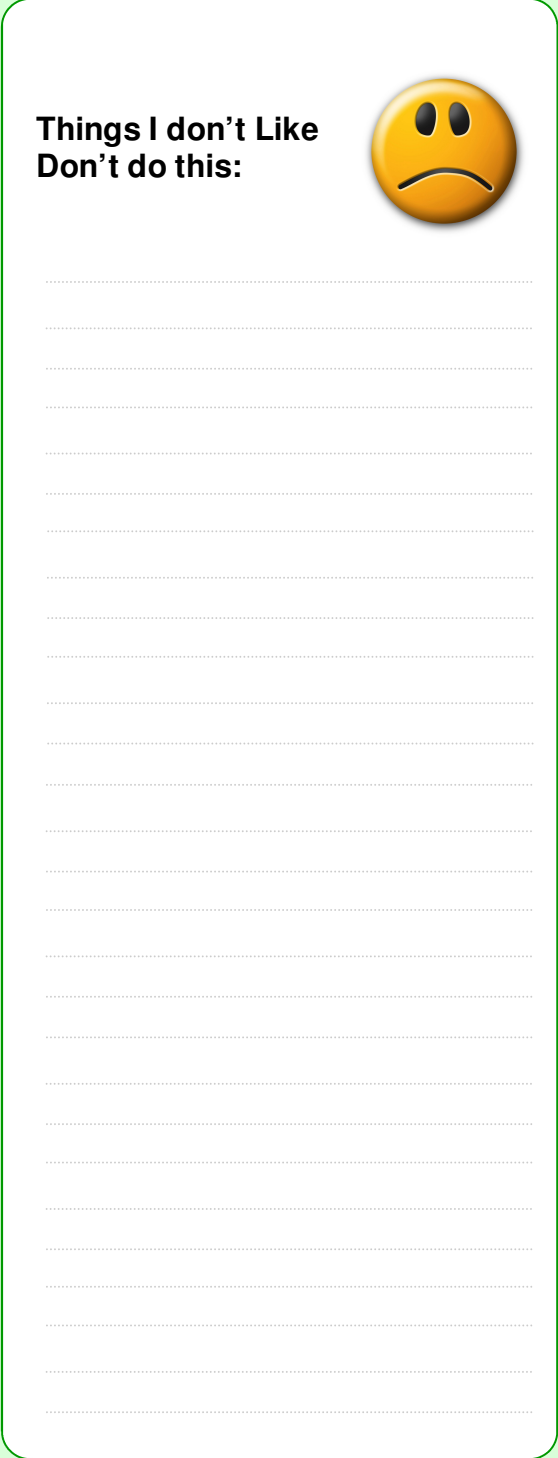**Sleeping: (Sleep pattern/routine)**

My likes and dislikes

Likes: for example—what makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Dilikes: for example—don't shout, food I don't like, physical touch

**Things I Like
Please do this:**

**Things I don't Like
Don't do this:**

Notes

Additional Information which may be applicable and helpful for staff

Catheter size and how often flushed	
Dressing Type	
Gastrostomy Tube type and size	
NJ/NGT size	

Useful contacts

Community Learning Disability Teams (CLDT)

Southampton City Community Learning Disability Health Team
9.00am to 5pm Monday to Thursday: (023) 8029 4420
9.00am to 4.30pm Friday

Southampton City Council Health & Adult Social Care Learning Disability Team
9.00am to 5pm Monday to Thursday: (023) 8029 4420
9.00am to 4.30pm Friday
Out of hours and weekends after 5pm to 12 midnight: (023) 8023 3344

Hospital Liaison Nurses
9.00am to 5pm Monday to Thursday:
9.00am to 4.30pm Friday
Tim HARRISON / Anna McMURRAY – Ext. 5367 – Bleep 9234

www.easyhealth.org.uk

www.intellectualdisability.info

www.mencap.org.uk/gettingitright

Please contact the Community Learning Disability Team if you have any questions about the passport