

All About Me



Healthcare staff, please consult this passport before you assess me or carry out any interventions. My carer has filled this in as they are not able to accompany me in the hospital.

Hospital staff, please keep this passport with my notes at the end of my bed and return to me or my carer when I am discharged.

My details

Name:

I like to be called:

Date of birth:

NHS number:

My contacts

If I am admitted to hospital, I would like the following person to be contacted:

Name:

Relationship:

Phone number:

A really important thing to know about me is...

.....
.....

How I communicate

.....
.....

How I would like you to communicate with me

.....
.....

Please turn over, more on reverse

My health

Condition: -----

Medical history: -----

Medication: -----

Please don't make any changes to my medication without first talking to:

Things that cause me
distress



Ways to help me cope
with distress



How I communicate pain

Other important information

Data Information: We will use your information to help inform our service provision. We will not share this information without your explicit consent. To know what information Action for Carers (Surrey) holds on you, email DPO@actionforcarers.org.uk