

## This is my Hospital Passport

**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. It needs to stay with me in my room and a copy can be put in my chart

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



**THINGS YOU MUST KNOW ABOUT ME**

Name:	
Likes to be known as:	
Address:	
Date of Birth:	
How I communicate <i>(the language I speak)</i> :	
<b>Next of Kin (1)</b>	<b>Next of Kin (2)</b>
Name:	Name:
<i>Relationship:</i>	<i>Relationship:</i>
Address:	Address:
Contact No:	Contact No:

**GP DETAILS**

Name:
Address:
Contact No:

**PHARMACY**

Name:
Address:
Contact No:

**PUBLIC HEALTH NURSE**

Name:
Address:
Contact No:
Medical Card No:
Homecare Package Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Agency:
Jack & Jill:



<b>MY MEDICAL TEAM</b>	
<b><i>Primary Consultant</i></b>	<b><i>Clinical Nurse Specialist</i></b>
Speciality:	Speciality:
Name:	Name:
Hospital:	Hospital:
<b><i>Clinical Nurse Specialist</i></b>	<b><i>Clinical Nurse Specialist</i></b>
Speciality:	Speciality:
Name:	Name:
Hospital:	Hospital:
<b><i>Other Consultant</i></b>	<b><i>Dietician</i></b>
Speciality:	Name:
Name:	
Hospital:	
<b><i>Other Consultant</i></b>	<b><i>Medical Social Worker</i></b>
Speciality:	Speciality:
Name:	Name:
Hospital:	Hospital:
<b><i>Other Consultant</i></b>	<b><i>Play Specialist</i></b>
Speciality:	Speciality:
Name:	Name:
Hospital:	Hospital:
<b><i>Audiologist</i></b>	<b><i>Dentist</i></b>
Name:	Name:
Address:	Address:
Contact No:	Contact No:
<b><i>Audiologist</i></b>	<b><i>Dentist</i></b>
Name:	Name:
Address:	Address:
Contact No:	Contact No:
<b><i>Audiologist</i></b>	<b><i>Dentist</i></b>
Name:	Name:
Address:	Address:
Contact No:	Contact No:
<b><i>Music Therapy</i></b>	<b><i>Other</i></b>
Name:	Name:
Address:	Address:
Contact No:	Contact No:

**THINGS YOU MUST KNOW ABOUT ME**

**VACCINES**

2 months	
4 months	
6 months	
12 months	
13 months	

**INVESTIGATIONS**

<b>Test</b>	<b>Result</b>
CT Thorax	
CT Abdomen	
Echo	
ECG	
Stress Test	
Sweat Test	
Chest X-Ray	
Abdomen X-Ray	
Skull X-Ray	
Skeletal Survey X-Ray	
Limbs X-Ray	
Spine X-Ray	
Barium	
Contrast	
EEG	
EMG	
Sleep Study	
Ultrasound	
Abdomen	
Pelvic	
Renal	
Spine	
Cranial	
Other <i>(Please specify)</i>	
Fasting Blood Sugar	
Videofluoroscopy	

**THINGS YOU MUST KNOW ABOUT ME**

**REPEAT INVESTIGATIONS**

Test	Date	Result
NBS		
New-born hearing		
Ophthalmology		
Genetic Investigations		
Metabolic Investigations		
MRI Brain		
MRI Spine		
CT		
Brain		
Synacthen		

**MY PARENTS TRAINING *(please tick)***

<b>Skill</b>	<i>Parent 1</i>	<i>Parent 2</i>	<b>Skill</b>	<i>Parent 1</i>	<i>Parent 2</i>
NGT			BiPAP / CPAP		
Peg Tube			Stoma		
Feeding Pump			Rectal Washout / Dilatation		
Medication			Catheterisation / Care		
Suctioning			TPN		
Tube Changes <i>(Trache / NPA)</i>			Dressings		
			Nephrostomy		
Oxygen			Skin Care		
<i>Other</i>			<i>Other</i>		

**THINGS YOU MUST KNOW ABOUT ME**

**MDT**

**Date**

**Outcome**

**MDT**

**Date**

**Outcome**

**MDT**

**Date**

**Outcome**

**THINGS YOU MUST KNOW ABOUT ME**

**MDT**

**Date**

**Outcome**

**MDT**

**Date**

**Outcome**

**MDT**

**Date**

**Outcome**



**THINGS YOU MUST KNOW ABOUT ME**

**My Appointments**

<i>Speciality</i>	<i>Date</i>	<i>Time</i>

**MY GROWTH CHART**

<i>Feed</i>	<i>Volume</i>	<i>Frequency</i>

**FOOD**

**Weight Chart**

<b>Age</b>	<b>Weight</b>	<i>Extra weights, heights, head circumference</i>	
<i>Birth</i>			
<i>2 weeks</i>			
<i>6 weeks</i>			
<i>12 weeks</i>			
<i>6 months</i>			

*Further comments*