

University Hospital of South Manchester



NHS Foundation Trust

My Health Care Passport



**What I need you to know,
a health and care record for
me, my family and carers.**



My Healthcare Passport is a unique individual health care record, designed for anyone who is living with a medical condition which requires on going care and support.

Living with a medical condition may involve meeting many new people; keeping family, carers, health staff and care workers updated about changing requirements, and can be difficult, repetitious and tiring.

This passport aims to act as a core record of how my individual health is evolving and of information required to support my health and wellbeing.

It is designed to be completed, updated and kept primarily by me, the passport owner, or any member of my family or carers on my behalf. Health care staff may all so add to, change and up-date it.

If for any reason I am unable to communicate for myself, for example due to ill health; the Health Care Passport explains the day to day requirements for my care. It may also contain important information about my preferences and wishes regarding healthcare should my health deteriorate for any reason.

This Health Care Passport belongs to:

Address:

I like to be known as:

E-mail:

Telephone:

Date of birth:

NHS Number:

Religion:

Nationality:

Preferred language:

Next of kin:

Address:

Patient calls me:

E-mail:

Telephone:

Relationship:

Second contact:

Address:

Patient calls me:

E-mail:

Telephone:

Relationship:

All About Me

My GP's name:

Surgery Address:

Telephone:

My normal weight:

I have been diagnosed with the following conditions:

Aids & Equipment I need:

Walking aid: _____

Glasses: _____

Hearing aid: _____

Wheelchair: _____

Dentures: _____

Other aids/equipment: _____

My Care Package

My main carer:

Address:

Patient calls me:

E-mail:

Telephone:

Out of hours:

Do I have Power of Attorney in place? Yes No

Name of holder:

Address:

Patient calls me:

E-mail:

Telephone:

Relationship:

My current Home Care Package provider:

Address:

Telephone:

I have _____ visits a day _____ days a week, with _____ carers.

_____ fund my care Package.

Other info:

Community services:

Do I have any of the following services: Telephone:

Community Matron:

CPN:

District Nurse:

Neighbourhood Teams:

Other Information:

(Reason for vulnerability. e.g. learning difficulties, dementia etc.)

S.O.S. information e.g. allergies

My Current Medication:

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

8: _____

9: _____

10: _____

11: _____

12: _____

13: _____

14: _____

15: _____

My Current Medication continued:

16: _____

17: _____

18: _____

19: _____

20: _____

21: _____

22: _____

23: _____

24: _____

25: _____

26: _____

27: _____

28: _____

29: _____

30: _____

Mobility

(Getting in & out of bed, walking around)

How I Communicate

(How I show my wants and needs, eg. hunger, happiness, pain, distress or satisfaction)

Toileting & Personal Hygiene

Safety

(How to keep me safe from harm)

Dressing & Undressing

Sleeping and Bedtime

Eating & Drinking

(Swallowing difficulties etc.)

Taking My Medication

Most recent Admission to Hospital

Date:

Reason:

Patient Discharge Checklist

Please Initial

Met N/A

Expected discharge date: ____ / ____ / _____

Ward Contact Card provided

Patient and family aware of discharge date

Pressure areas checked. State observation:

District Nurse referral completed electronically and copy in notes. Where appropriate, wound assessment chart, photograph and vascular studies report (if patient has leg ulcers) to be sent. Comments:

Cannula removed

Valuables returned

Patient has own keys

Patient changed into own clothes

Discharge advice sheet given

VTE info leaflet & anti embolic stockings given *if required*

Medications given and explained

Anti-coagulation appointment and booklet given

Fit note given

Transport booked

GP discharge letter written and copy given to patient and in notes

Feeding guidelines completed

Dressing removed and wound checked

Friends and Family Questionnaire card provided

Relevant Follow up arranged. State details:

If Nursing/Rest Home transfer form completed

Transfer to Discharge Lounge arranged

Discharged on Lorenzo system

Relevant specialist teams aware of discharge. State details:

Other- State:

What Has Changed For Me During This Admission

Admission Date ____ / ____ / ____

Discharge Date: ____ / ____ / ____

Change

Action Required

Change	Action Required

University Hospital of South Manchester
NHS Foundation Trust
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Wythenshawe
Manchester M23 9LT

Useful Contact Numbers:

Manchester Social Services: **0161 234 5001**
www.manchester.gov.uk

Trafford Social Services: **0161 912 5199**
www.trafford.gov.uk

Stockport Social Services: **0161 419 5880**
www.stockport.gov.uk

Carers UK: **0808 808 7777**
www.carersuk.org

IMPORTANT

If you are caring for me:

Please read and, where appropriate, help to complete, my Health Passport.

This passport gives hospital staff **vital** information about me and my health conditions.