



This is my Health & Wellbeing 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. A copy should be put in my notes.



Insert photo here (optional)

Please return this to me.



A traffic light system is used as shown below:



Very important information you MUST know about me. For example, allergies, communication needs, medical equipment sizes or challenging behaviours which may cause a risk.

PAGES 3 - 5

Important information about my daily life. How I express myself, any specific dietary needs or personal hygiene needs I may have.

PAGES 6 - 8





Information about my likes, dislikes and comfort issues. For example favourite toys, music and movies. Also things that might calm me if I become distressed.

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My pronoເ	ns are:					
	- Him, She - I	Her, They - 1	hem	 		
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Date of Bi	th:					
						4
Address:						1
Postcode:				 		
Dhana						1
Phone:				 @		1
Email:				 email	phone	a
My special	needs are:					1



GP Surgery:	
Doctors name:	
Phone:	

Next of kin contact:			
Relationship:			
Address:			
Postcode:			
Phone:	@		
Email:	email	phone	address

Other services/professionals invo (Example: Social Services, Health Visitor,	

Communication

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	Allergies:
allergy	

Heart/breathing problems:	
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Risk of choking:	
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swallow	

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dication		
	How I take medication:	
My sensory		
	needs:	sensor
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		sensor

My medical past

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Immunisa	tions I've I	had:		
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Things I like:



Things I don't like:



My special needs are:

Adjustments that will help me:

My parent/carers name is:

Useful links:

https://localofferwirral.org/

https://wirralmencap.org.uk

https://thepositivitree.com/

https://wired.me.uk/

https://www.mymind.org.uk

https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/

https://www.mencap.org.uk/

https://www.cwp.nhs.uk/services-andlocations/services/wirral-community-learningdisability-service/

https://www.wuth.nhs.uk/our-departments/a-z-of-departments/learning-disability-and-autism-team/

