**My Hospital Passport**

This hospital passport has all the important information about me and my health needs, so if I go to hospital people will know what I need.

**About Me**

**My name:**

**My preferred name:**

**My date of birth:**

**My age:**

**My phone:**

**My address:**

**Language spoken:**

**I need an Auslan Interpreter** Yes No

**I need an Interpreter** Yes No

### I am Aboriginal/ Torres Strait Islander Yes No

### I identify as:

###  non – binary

###  female

###  male

###  prefer not to say

###  prefer to self-describe

### My pronouns are:

###  they/them

###  she/her

###  he/him

###  other

## Important people to me

### In order of preference

### Name:

### Phone:

### Email:

### Relationship to me:

### Name:

### Phone:

### Email:

### Relationship to me:

### Name:

### Phone:

### Email:

### Relationship to me:

## My dependants

### My dependants are:

### Name:

### Age:

### School:

### Person to contact if I cant:

### Name:

### Age:

### School:

### Person to contact if I cant:

### Name:

### Age:

### School:

### Person to contact if I cant:

## My health details

### I receive NDIS supports: Yes No

### My Medicare number is:

### My Medicare reference number is: (this is the number next to me name)

### My Medicare expiry is: /

### My GP is:

### At address:

### Email:

### Phone:

### My Pharmacist is:

### At address:

### Email:

### Phone:

## My plans

### I have the following plans:

###  behavioural support plan

###  epilepsy plan

###  feeding plan/nutrition plan

###  NDIS plan

###  continence plan

###  mental health plan

### emergency care plan

### sensory plan

### other

## My likes/dislikes

### Likes Dislikes eg. food, music, sports eg. loud people, small spaces

## My Dos

## These are the things you absolutely must do to make me feel safe, valued, and listened to:

## My Don’t’s

## These are the things you absolutely must NOT do as these will make me feel unsafe, not valued and not listened to:

## My medical information

### My allergies:

### Drugs, vitamins, supplements I must not have:

### My pre-existing medical conditions:

### My disability diagnoses: (if this is important for people to know)

###  Prefer not to say

### My usual medications:

### Medication:

### Dose: Frequency:

### How I have my meds: (tablet, syrup, crushed, patch, injection)

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### Medication:

### Dose: Frequency:

### How I have my meds: (tablet, syrup, crushed, patch, injection)

### What support I need: (eg. for taking blood, injections etc.)

## My health information

### My medical concerns/worries: eg. scared of needles, pulls out canula when awake, trauma info/responses

### I have issues with:

Detail:

###  breathing

###  heart

###  blood pressure

###  neurological

###  eating drinking swallowing

###  dietary

###  other

## My vaccine information

### I am up to date with these vaccines:

###  Covid Type:

###  Date:

###

### Flu Date:

###

### Other

###  Date:

###  I can’t have the Covid/flu vaccination for medical reasons

### The reason is:

### My Medicare immunisation history is attached:

###  Yes No

## My legal

### Most people with a disability over the age of 18 won’t need, or have, a formally appointed decision maker.

### It’s their right to, and is always preferable, for every person to make their own informed, medical decisions. In emergency situations, like COVID related hospitalisation, where we can’t make our own decisions, eg. on a ventilator and/or unconscious, then it’s the people who love us and know us well, who might be expected and looked upon to make medical decisions.

### When there is no Advance Health Directive (AHD) and no formally appointed enduring guardian/guardian/decision maker, here is what the Office of Public Advocate (OPA) in WA recognises as the natural hierarchy of decision makers for non-urgent medical treatment.

### Spouse or de facto partner

### Adult son or daughter

### Parent

### Sibling

### Primary unpaid caregiver

### Other person with a close personal relationship

### [www.publicadvocate.wa.gov.au/M/making\_treatment\_decisions\_print.aspx](http://www.publicadvocate.wa.gov.au/M/making_treatment_decisions_print.aspx)

### The best person to make medical decisions when I can’t is:

### Name:

### Relationship to me:

### Contact details:

### If I’m having issues with medical treatment or

### non-treatment, contact:

### People with Disabilities WA (PWDWA)

### Phone: 08 9420 7279

### 1800 193 331

### Website: [www.pwdwa.org](http://www.pwdwa.org)

### Health Consumers’ Council WA (HCCWA)

### Phone: 9221 3422

### 1800 620 780

### Website: [www.hconc.org.au](http://www.hconc.org.au)

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### Department of Communities: Ofﬁce of Disability Phone: 1800 176 888

### Website:

### [www.wa.gov.au/organisation/department-of-communities](http://www.wa.gov.au/organisation/department-of-communities)

If it’s related to Covid, make sure ‘Covid’ is mentioned when seeking support.

## My communication

### My 1st language is:

### My 2nd language is:

###  I don’t speak English and need an interpreter

### I use sign language to communicate

### I use a communication device

### I have complex communication access needs (you may know this as me being ‘non-verbal’)

### My communication supporter is:

### Name:

### Phone:

### Email:

### Address:

### I communicate by using:

###  spoken words

###  written words

### communication device

### behaviour

### gestures

### Auslan

### other

### How I say Yes:

### How I say No:

### How you’ll know I’m in pain:

### To help me better understand, I need:

### What support do I need to communicate:

## My sensory & behavioural needs

### What works for me: eg. being in a room by myself, speaking softly to me, having my supporter with me

### What doesn’t work for me: eg. restraining me, talking about me, loud noises

###

### What sensory items I need: eg. weighted blanket, headphones

### If I behaves in ways people aren’t familiar with, how can they support me best? Eg. give me space, read my support plans, don’t ask too many questions

## My equipment & physical needs

### What equipment do I need? Eg. glasses, frame, wheelchair

### My physical/disability needs are: eg. support when walking to bathroom, don’t approach too suddenly, explain treatment that is occurring

### I need assistance with:

###  personal care

###  mobility

###  toileting

###  eating

###  drinking

###  taking medicine How many people do I need to assist with this?

## My special arrangements

###  I have a pet at home:

###  I am caring for someone:

### If I’m unable to care for my loved one or pet, I would like my emergency contacts to:

### Any special information regarding my financial or legal arrangements:

## Notes:

## WA’s Individualised Services

## 183 Carr Place Leederville WA 6007

## Ofﬁce Phone: 08 9481 0101

## [www.waindividualisedservices.org.au](http://www.waindividualisedservices.org.au)

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