

# Care Compliance System - Template

## Hospital Passport / Health Passport

This document contains important information about the patient. Please read it before providing care.

### 1. Personal Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### 2. Communication

How I communicate: \_\_\_\_\_

How to communicate with me: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

### 3. Medical History

Current Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication List: \_\_\_\_\_

GP Details: \_\_\_\_\_

### 4. Support Needs

Eating & Drinking: \_\_\_\_\_

Mobility: \_\_\_\_\_

Personal Care: \_\_\_\_\_

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Sleeping: \_\_\_\_\_

### 5. Likes & Dislikes

Things that distress me: \_\_\_\_\_

Things that calm me: \_\_\_\_\_

Favourite activities: \_\_\_\_\_