

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: _____