

This is my

# Health Passport

For Children and Young Persons who need  
additional support when accessing health services.



My Name is:

NHS No.:

Put my  
Picture here

This Health Passport aims to provide healthcare staff with important information while working in partnership with parents/carers to meet a child or young person's needs.  
Take this to hospital and all health appointments.

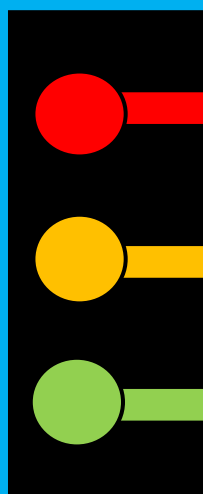
**Health Passports are owned by the child or young person. It is the responsibility of parents/carers to update and review with the help of professionals.**

Review every 6 months for children up to 5 years

Reviews every 12 months for children above 5 years

**This passport belongs to me. Please return it when I am discharged.**

**Nursing and medical staff please look at my passport before you do any interventions with me.**



Very important information about me

Important Information about my daily living

Preferable Information about me

# Very Important Information About Me

Please call me:



Date of Birth:



Address of where I live:



Phone number:



My parent:

Tel:

My care provider:

Tel:

My GP:

Tel:

My Social Worker:

Tel:

My school:

Tel:

Who to contact first:



I am allergic to:



My medical conditions/SEND: SEND



If I have Epilepsy (brief description of my seizures and **attach Seizure Care Plan**):

Heart or breathing problems: N/A



My medication and how I take it (**please bring my records**):



I prefer (liquid/tablet/patch/injection):

N/A

I take it by (mouth/PEG):

N/A

Best way to take my blood or give me an injection:



## Very Important Information About Me

This is how do I communicate?(prefer speaking/pictures/signing/third-party/other): Other



This is how I show pain (verbal or physical abuse/frowning/tearful/grimacing/fidgeting): Physical Abuse



What helps?

These are my routines:



Do I have a Coordinate My Care (CMC)'Urgent Care Plan'?	Yes/No	No
Do I have a Positive Behaviour Support (PBS) Plan?	Yes/No	No
Do I have a Health Action Plan (HAP)?	Yes/No	No
Do I want to participate in the LeDeR Process?	Yes/No	No



My religion is:

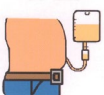
This means I need to:

## Important Information About My Daily Living

My eating risks or needs (swallowing/choking/cutting up food/soft diet/eating aids): Swallowing  
(attach Dysphagia Care Plan)



I need help with:



# Important Information About My Daily Living

My drinking risks or needs(chocking/thickened/small amounts/restricted fluid): N/A



What I like to drink:

What I drink from:

My personal care needs (washing/dressing/mouth care): N/A



How to help me:

Any hearing or sight problems? (Hearing aid/Glasses): N/A



My toilet needs (stoma/continence pads/catheter): N/A



Help I need getting around or changing positions (using orthotics/sling/hoist/frame): N/A

How to help me:



My sleeping needs and what keep me safe (positioning/sleep pattern/bed rails): N/A



## Important Information About My Daily Living

Level of support I need e.g. who needs to stay with me and how often? (Carer/Family/1:1/2:1) 1:1



How I react if I'm anxious or find the situation challenging:



Triggers:

How best to support me:



## My likes and dislikes

**Likes:** e.g. what makes me happy, special toy, things I enjoy doing i.e. watching TV, reading, music, routines.

**Dislikes:** e.g. shouting, physical touch, bright lights, needles, food or drink I don't like.



Things I like.

Please do this:



Things I don't like.

Please don't do this:

Please contact your local Team for further information on completing the Health Passport



to



**Brent:**

Children and Adolescence Mental Health Team



Children Community Nurses



Children Continuing Care



**Ealing:**

Children and Adolescence Mental Health Team



Children Community Nurses



Children Continuing Care



**Harrow:**

Children and Adolescence Mental Health Team



Children Community Nurses



Children Continuing Care



**Hillingdon:**

Children and Adolescence Mental Health Team



Children Community Nurses



Children Continuing Care



**Brief Additional Notes:**

Completed by:

Date: