

HOSPITAL PASSPORT

DATE OF ADMISSION:

___/___/___

DATE OF DISCHARGE:

___/___/___

PATIENT NUMBER:

INSERT PHOTO HERE

Name: _____

What people call me: _____

My date of birth/age: _____

My next of Kin:

Mom's name: _____ Phone number: _____

Dad's name: _____ Phone number: _____

GP's name: _____ Phone number: _____

I communicate using: _____

I prefer people to communicate using: _____

You have permission to speak with about my health and care/treatments:

I like: _____

I don't like: _____

My special interest is: _____

My favourite toy/ teddy is: _____

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My medical history; underlying or reoccurring conditions: _____

Regular Medications: _____

Allergies: _____

Things that I find difficult at the doctors/ in hospital: _____

I communicate my pain level by: _____

Things to use to support me through any medical procedure: _____

My sensory Profile:

Sensory likes: _____



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Sensory dislikes: _____

Sensory preferences: _____

Sensory tools: _____

Sensory triggers: _____

Things that can overwhelm me: _____

Things that calm me: _____

Things that help me stay calm: _____

Who can help if I'm feeling overwhelmed: _____

Environmental adjustments that can be made to help: _____



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Steps to take if I'm overwhelmed:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

Additional Information:

