



My Health Passport



If you are a healthcare professional who will be helping me,

PLEASE READ THIS

before you try to help me with my care or treatment.



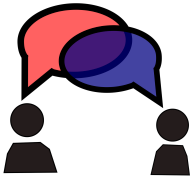
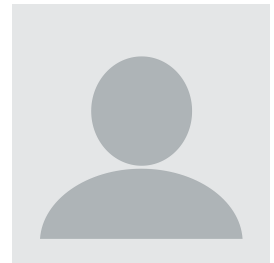
This passport has important information that will help you to better support me when I visit/stay in your hospital/clinic.

Please keep this with my medical record and where it is easily referenced.

My full name is: _____

I like to be called: _____

Date of birth: _____



I communicate best by:

- Speaking
- Vocal sounds
- Sign language
- Gestures
- Icons/pictures
- Communication device
- Speak patiently
- I need extra time

You can also talk to this person about my health:

Phone #:

Relationship to me:



Things I like, help me wait, or feel a little more relaxed:



Things I am sensitive to and make me feel nervous (specific sights, sounds, smells, textures, touch, etc. that I really dislike):



If I am in pain, I will probably look/sound like this:

- _____
- _____
- _____



If I seem upset, the best way you can help me is:

- _____
- _____
- _____



My brief medical history (list all developmental diagnoses; physical conditions, e.g. visual or hearing impairment, diabetes, epilepsy, etc; past operations; serious illnesses; mental health needs; etc):



My current medications:

- _____
- _____
- _____
- _____



I am allergic to:

- _____
- _____
- _____
- _____



How I usually respond to medical procedures:

- Height & weight
- Physical touch/palpitation
- Blood pressure
- Stethoscope on my body
- Looking in my eyes
- Looking in my mouth
- Looking in my nose
- Looking in my ears
- Pill administration
- Injections
- Blood draws
- X-rays
- Scans



Relaxed



Nervous



Challenge



Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>