My Health Passport

Please ensure I take My Health Passport with me when I leave.

2022

Date of completion ______________________________

Updated information is inside the back cover of this booklet:

Yes		No	

First name	
Last name	
I like to be known as	

Notes for the person completing My Health Passport

Completing your Health Passport is optional. You may decide how much information you want to give under each section and may choose not to complete some sections of your Health Passport.

If you are unsure what to write in a particular section, please refer to the Guide for Completing My Health Passport.

Notes for medical and support staff

- If you are involved with my care and support, please read this document.
- This is not my Medical Record. This document gives information about:
  - Things you MUST know about me
  - Things that are important to me
  - Other useful information
- This document stays with me in hospital. Please ensure I take it with me when I leave.

Review your information when daylight saving occurs, or earlier if change occurs.

1. Personal details

Photo of you

a. NHI number: | | | | | | | |

b. Ethnicity: ____________________

c. Address: ____________________

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d. Telephone: ____________ Mobile: ____________

e. Email: ____________________

f. Preferred method of contact: ____________________

g. I have a disability alert: Yes [ ] No [ ]

A disability alert is a note on your medical records

h. My GP: ____________________

Practice: ____________________

Telephone: ____________ Mobile: ____________

Email: ____________________

Fax: ____________________

i. Any dependents: Yes [ ] No [ ] ____________

e.g. pets, children, neighbour, family member.

2. This is what I want to tell you about myself

You may choose to write about your impairment or other health conditions — e.g., I have cerebral palsy, I have epilepsy and my seizures vary from mild to strong.

- ______________________________
- ______________________________
- ______________________________
- ______________________________

3. Communication

a. My preferred language: ________________________________

b. I can also use: ________________________________ language/s

c. I need an interpreter: | Yes | ☐ | No | ☐ |

Language: ________________________________

d. I communicate with people using — e.g., gestures, facial expressions, pictures, cell-phone, texting, other technology.

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e. What you should be aware of when communicating with me — e.g., face me, speak clearly, tap furniture to get my attention, ensure my hearing aid is on, tell me what you are doing, and confirm I have understood.

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4. Decision-making

If I do not have a legal representative or advance directives, I trust that any decision concerning my care and welfare will be made by appropriate professional/s in my best interests.

a. I can and would like to make my own decisions, so please ask me first. Yes ☐ No ☐

b. I may need assistance to make an informed decision. Yes ☐ No ☐

c. If for some reason I am unable to make a decision at a time when a decision needs to be made, the following will apply:

i. I have a legal representative Yes ☐ No ☐

My legal representative is: ____________________

Full name: ____________________

Their legal relationship — e.g., Welfare guardian, Enduring Power of Attorney for health and welfare.

____

Telephone: ____________________ Mobile: ____________________

Email: ____________________

ii. I have a list of my wishes for health care in the future: Yes ☐ No ☐

Information about my wishes can be found — e.g., on my medical records, at home, with my GP who holds my advance directives, I have given verbal directives to my son.

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5. Important people in my life

a. First contact person:
Contact people can be anyone you choose, e.g., family, friend, support worker.

Full name: ____________________

Relationship to me: ____________________

Telephone: ____________________ Mobile: ____________________

Email: ____________________

b. Second contact person:

Full name: ____________________

Relationship to me: ____________________

Telephone: ____________________ Mobile: ____________________

Email: ____________________

c. Any other person or agency and their contact details:

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6. Things to know when providing health services

a. I am in pain when — e.g., I tell you, I make a particular sound, I cover or hold an area of my body.

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b. I am allergic to — e.g., certain medications, perfume, nuts.

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c. When giving me medication, please — e.g., put pills on a spoon, tell me what I will experience.

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An up-to-date medication list is in the back cover of this booklet. Yes ☐ No ☐

d. Supplements and herbal remedies — e.g., I take vitamin C tablets daily.

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e. When examining me, please — e.g., tell me what you are doing, be aware of my catheter bag, lie me on my left side.

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f. Other things that you need to know about me when providing a health service.

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7. Safety and comfort

I need help for my safety and comfort | Yes ☐ | No ☐

If no, move to page 11.

a. Things important for my physical safety — e.g., raised bed rails, my seat belt, sharp objects removed from room, sustained observation.

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b. Things that may upset me or make me become anxious are — e.g., bright lights, loud noise, lack of information.

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c. You would know that I am anxious or stressed when — e.g., I avoid eye contact, I bite myself, I cry, I bang objects.

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d. Things you could do to make me feel more in control and comfortable — e.g., play soft music, take me out for a walk, give me a task.

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8. Moving around

I need help to move around: Yes ☐ No ☐

If no, move to page 12.

a. I move around using — e.g., a mobility aid, I need a hoist for transfers, I have a guide dog.

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b. If you are assisting me you need to know — e.g., roll me on one side when helping me to move in bed, let me hold your left arm when you are guiding me, please put my power wheelchair on charge at night.

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9. Daily activities

I may need help with some daily activities: | Yes ☐ | No ☐ |

If no, move to page 13.

a. Using the toilet — e.g., I need help with buttons and zips.

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b. Washing/taking a shower — e.g., I need help to dry myself, wash my hair.

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c. Grooming & personal hygiene — e.g., I need help to brush my hair, to use a toothbrush.

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d. Dressing and undressing — e.g., I need help with buttons, I can't put on shoes.

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e. Eating and drinking — e.g., tell me what is in the food, I need a straw for all fluid, I need food in bite-sized pieces, food has to be soft and moist.

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f. Sleeping — e.g., I have sleep aid medication, I need water before I sleep, I need the light on.

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a. I like — e.g., music, routines.

b. I do not like — e.g., certain food, dark rooms.

c. My religious/spiritual needs — e.g., karakia/prayers, Halal food.

d. My cultural needs — e.g., I require a woman doctor, where possible I need a family member with me at all times.

e. Other information — e.g., tell me when you bring me food, and what is in it.

Review your information when daylight saving occurs, or earlier if change occurs.

Acknowledgements:

This document is based on original work called "This is my Hospital Passport" by the Wandsworth Community Disability Team, United Kingdom.

Thank you to everyone who has been involved in developing New Zealand's My Health Passport.

Disclaimer:

The Health and Disability Commissioner makes the My Health Passport template available as a guide only, and accepts no responsibility for the accuracy of the completed information.

**This Passport stays with me in hospital.
Please ensure I take it with me when I leave.**

To provide feedback on the Passport, please contact:

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Email: **healthpassport@hdc.org.nz**

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