

This is my...

Barnsley Universal Health Passport

Making healthcare safe and personal



My name is:

I like to be called:



Healthcare staff, please consult this passport before you assess me or carry out any interventions.



This document belongs to me. Please make sure I take it with me when I leave my appointment or when I am being discharged.

This is an information document NOT a decision-making tool.

Information within this passport has been gathered from people who know me well. Please check this document for when this information was last updated and confirm any important information.

Date this passport was completed:

This passport should be updated if anything changes.

Annual Review Date:

My personal information



Date of Birth:



NHS Number:



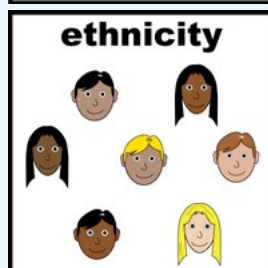
Home Address:



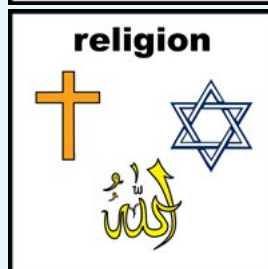
Telephone:



Email:



Ethnicity:

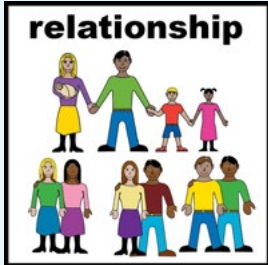


Religion and
Religious Needs:

My carer



I receive care and support
from someone called:



Relationship to me:



Please contact my carer to
keep them informed:

Yes

No

Name:

Telephone:

I am a carer...

I provide care and support
for someone called:

Relationship to me:

My caring responsibilities for the person I provide unpaid care and
support for are:

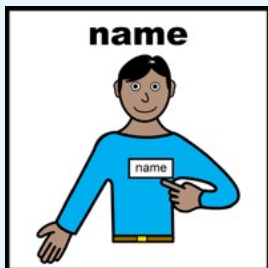
The person I provide care and support for will need assistance if I am
not around:

Yes - Please see key contacts and emergency contacts

No

Key contacts and emergency contacts

Contact 1



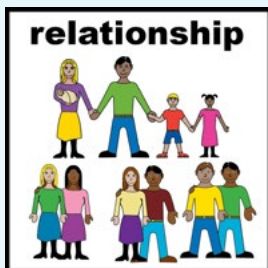
Name:



Telephone:

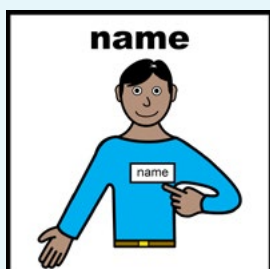


Email:



Relationship to me:

Contact 2



Name:



Telephone:



Email:



Relationship to me:

Contact 3



Name:



Telephone:

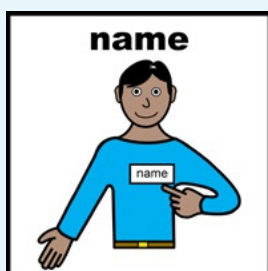


Email:



Relationship to me:

Contact 4



Name:



Telephone:



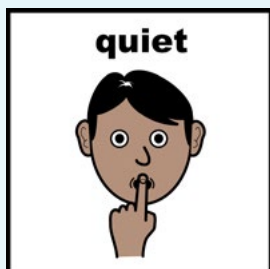
Email:



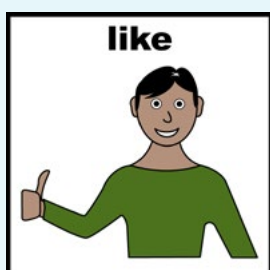
Relationship to me:

Reasonable adjustments

If I become distressed, try this: (e.g. I need a quiet space such as a side room away from noise)



My likes and dislikes



Likes: For example – What makes me happy?
What do I enjoy doing? E.g. watching TV, reading,
listening to music, my routines, talking to people



Dislikes: For example – What makes me sad? What
do I not like? E.g. shouting, being told what to
do, food I do not like, physical touch

Things I like (please do these):



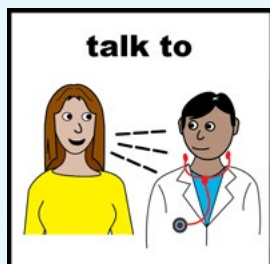
Things I don't like (please don't do these):



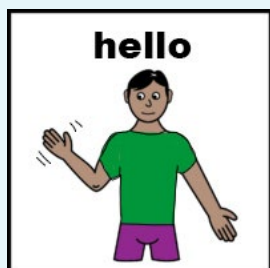
How I communicate

How I communicate and what language I speak:

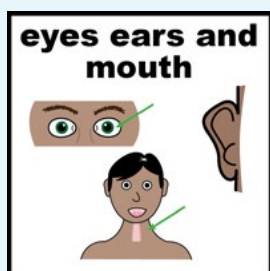
Please check if I use anything to help me communicate e.g. pictures, MAKATON



How I say hello:



Sensory information e.g. sight, hearing and touch:



How I show I am happy or unhappy:



How I say I am hungry:



Food, drink and dietary requirements

The foods that I like (including any dietary requirements):



The foods that I don't like:



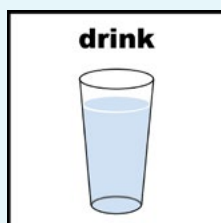
Food allergies:



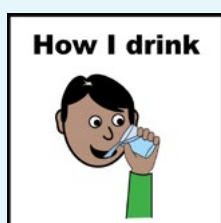
How I eat (help to cut up food, risk of choking, swallowing and other help I need to eat):



How I say I would like a drink and my favourite drink:



How I Drink (usual quantities, thickened fluids, likes and dislikes):



My medication, health and care needs

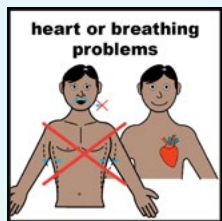
How I usually take my medication (e.g. tablets, injections and/or liquid):



Allergies:



Heart or breathing problems:



Medical interventions – (e.g. how to take my blood, give injections, take blood pressure, etc):



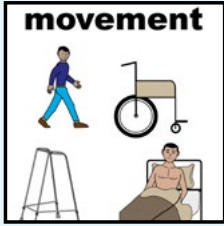
How do you know I am in pain and where is the pain?



How I usually use the toilet (continence aids, help getting to the toilet, etc):



Moving around (posture in bed, walking aids, transferring, etc)



Help I need with personal care (washing, dressing, etc):



Sleeping (Sleep pattern/routine):



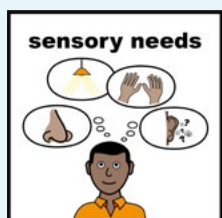
Pressure care (any support I need with this):



How I keep safe (bed rails, support with challenging behaviour, etc):



Sensory needs (do I struggle with light, noise, crowded areas, etc?):



My other support needs



My support needs and who gives me the most support:

Managing my affairs



People who look after my affairs.

I have Lasting Power of Attorney: Yes ☐ No ☐

If **yes**, please talk to:

Name:

Telephone:

I have a Court Appointed Deputy: Yes ☐ No ☐

If **yes**, please talk to:

Name:

Telephone:

I have an Enduring Power of Attorney for Health and Wellbeing: Yes ☐ No ☐

If **yes**, please talk to:

Name:

Telephone:

Other key contacts:

Name	What support does this person provide (e.g. Dietician)	Contact details
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Notes:

Notes (continued):

