

# Locala Patient Passport

**This Patient Passport gives staff important information about you.**

Please take it with you to your appointment. If you need help to fill it in, ask a member of your family, a friend or a member of staff.

## About you

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**My name:**

**I like to be called:**

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**I live with:**

***Child or young person.***

**My legal guardian is:**

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**Language/s I speak:**

**Language/s I understand:**

**Language/s my carer speaks:**

**Language/s my carer speaks/understands:**

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**Things I like to do and talk about:**

**Things I don't like to do and talk about:**

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**School:**

**College:**

**Day services:**

**Learning Disability Team:**

**Social services:**

**Speech and Language Therapy:**

**Any other services:**

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## About my health

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**If I need emergency treatment you should know:**

*(For example: I have epilepsy, diabetes, asthma, mental health illness, take anti-coagulants, other)*

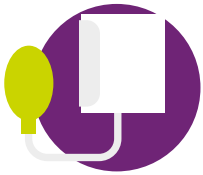
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**I am sensitive to:**

**How you can help me:**

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**Are there any helpful tips to support me when having medical / dental treatments?**

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**Any heart or breathing difficulties?**

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**How I take medication (Please bring a list of the medication you take now):**

*(For example: Crushed, injected, syrup, with food, other)*

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**Previous experience in hospital or with illness you would like us to know about:**

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## How I communicate

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**I communicate by:**

*(For example: Speaking, signing, pictures, objects, facial expression, behaviour, other)*

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**To help me understand what is happening and what treatment I need please use:**

*(For example: Easy words, photos, signs, pictures, objects, video, other)*

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**If I seem worried, angry or upset, I may:**

**You can help me with this by:**

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**I will let you know I am in pain by:**

*(For example: Telling you, pointing, being noisy or quiet, crying, self harming, other)*

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**About my hearing:**

*(For example: I have a good or not so good side, I am sensitive to noise, I need to see your lips when you speak to me, other)*

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**About my sight:**

*(For example: I have a better side for you to approach me from, I wear glasses, lenses, certain lights bother me, other)*

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## Eating and drinking

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**How I eat:**

*(For example: Food liquidised, mashed, cut small, cooled, support needed, special equipment needed, other)*

**Foods I like:**

**Foods I don't like:**

**Special diet:**

**Risk of choking when eating, drinking and swallowing:**

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**How I drink:**

*(For example: Small amounts, thickened, special cup, cooled, other)*

**Drinks I like:**

**Drinks I don't like:**

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## Personal care

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**About my personal care:**

**I can manage on my own:**

**I need help and support:**

**I need reminding:**

*(For example: Toothbrushing, washing, bathing, dressing, other)*

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**How to help me moving around:**

*(For example: Posture, transfers, walking aids, hoisting equipment, other)*

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Date:

Review date: