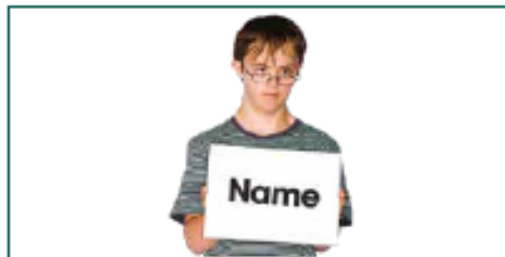


All about me



My name is

John



I like to be called

JJ



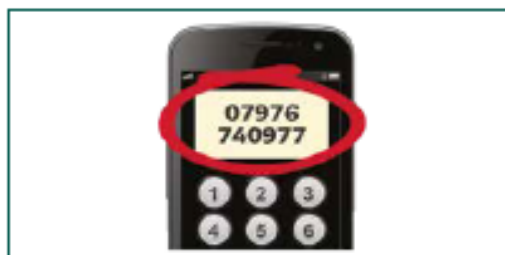
My birthday is (date of birth)

18.08.1980



I live at

*Home with my Mam and
Dad*



My telephone number is

0861234567



I live with

My Mam and Dad



My main carer is

Name

Mary

Telephone number

08312345678



My keyworker is

Name

Dan

Telephone number

0872345678



Parental responsibility

(for children under 18 years of age)

Name

Telephone number

Communication



I communicate by

Talking. It takes me a bit longer to talk than others



How best to communicate with me

Use pictures to show me what you mean and give me lots of time to understand



Support I need to make decisions

Give me lots of time to decide. Using pictures is very helpful.



My eyesight

I wear glasses.



My hearing

I have no hearing problems.



What I do if I am afraid or worried

I can get very quiet. Or I might become upset



How you can support me if I am afraid or worried

Reassure me. Explain what is happening.



Things I do if I am sore or in pain

I will become upset. I will rub the affected area.

Medical history



Things I am allergic to

I do not have any allergies



Other conditions I have (for example, epilepsy, diabetes, mental illness, high blood pressure)

I also have asthma.

Medication



I am on medication

Yes



No



(please bring all your medication with you)



How I prefer to take my medication (in food, with a drink, as a liquid)

I will take tablets if they are in with food.

Looking after me



How best to gain my help when examining or caring for me

Distract me by talking about football.



Support I may need with moving

(in bed, sitting, walking)

I need the help of one person when walking.



Support I may need with eating

I need a Regular Easy to Chew diet. I can feed myself.



Help I need with drinking

I can drink regular fluids. I don't need any help with drinks.



**How to reduce my risk of choking
(if this applies to me)**

Not applicable.



Support I may need with my oral or dental care

I need to be reminded to brush my teeth but I can do this myself



You can help me with my personal care by

I need help with my daily personal care.



Support I may need with using the toilet

I need one person to help me with using the toilet



Things that help me have a good sleep

Having my own blanket. I like to have a dark room.

Keeping me safe and happy



Things that I do or use to keep safe

*I need the help of one person
with walking.*



Things I like (what makes me happy, things I like to do, see or talk about)

*I love football and love
talking about it. I love
chatting I could talk all day.*



Things I do not like (what upsets me, things I do not like to do, see or talk about)

*I do not like blood.
I do not want to see blood.
I do not like to talk about
magic.*



If my behaviour becomes difficult for you, please support me by

*Make sure I am not in pain.
Talk to me about something I
like. Call my Dad if needed.*

Completed by: _____

Relationship to Health Passport owner: _____

Date: _____

Review Date: _____