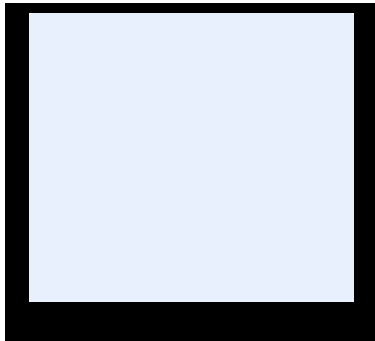


 **My Care Passport**

If I go to the hospital this document needs to go with me. **It is essential reading for all staff who provide care or services to me.** It gives important information about me. This document should be kept with me at my bed, in my notes, and used when you talk with me.



My Name is:

I like to be called:

The type of home I live in is:

*Example: Group home, Family home, Supported living.*

The level of support I need and the hours of support I get a day are:

Who can give consent to treat me and their contact information:

The people who are important to me and who can give you information about me:

**My drug and food allergies and/or adverse drug reactions:**

Agency Name:

Address:

Phone Number:

Signature:  Date:

My Care Passport

Things you need to know about me:



Communication – How well I use and understand speech. How I communicate YES or NO. The ways I communicate and show how I feel.

Blank white box for communication notes.



Pain – How do I show when I'm in pain and how to support me?

Blank white box for pain notes.



Eating & Drinking – What help I need and what food allergies or intolerances I have. Does my food need to be cut up or the texture changed? Is there a risk for choking? Do I use special equipment to eat or drink? Do I need help filling in menus? (Also, see likes and dislikes section).

Blank white box for eating and drinking notes.



How do I take my medications & how to support me with medical treatments – One tablet at a time, crushed mixed in applesauce, and all liquids? Do you need to check and make sure I swallowed? Taking my vital signs, doing a blood test, or giving an injection.

Blank white box for medication notes.



My vision and hearing – Do I have any problems with seeing or hearing? Do I use aids to hear or see?

Blank white box for vision and hearing notes.



How to keep me safe – Do I wander? Could I fall out of bed or climb out?

Blank white box for safety notes.



How to support me when I'm anxious, worried or upset. Behaviors I have that might be challenging or cause risk – What you can do to support me with my behaviors, things which help me relax.

Blank white box for anxiety and behavior notes.

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**My Care Passport**

**Things you should to know about me:**

**How I use the toilet & my personal care needs** – *Example: I am incontinent of bowel and or bladder.*

*I can't walk on my own to the bathroom or clean myself after I use the toilet? What support do I need for personal care?*



Blank text area for personal care needs.

**Moving around** – *Do I need help to move around? Do I use a walker, wheelchair, or need help repositioning?*



Blank text area for moving around.

**Sleeping** – *What are my sleep patterns or routines at bed time? Do I get up during the night? How often should you check on me at night?*



Blank text area for sleeping.

**Things that are important to me:**

**Things I like** – *Things important to me, I enjoy and help me to relax. Foods and drinks I like.*

*Clothes and shoes I like to wear, how I like my hair done, my favorite music, T.V. programs, and activities.*



Blank text area for things I like.

**Things I don't like** – *Things that make me unhappy, anxious or scared. Foods and drinks I don't like. Ways I don't like to be treated.*



Blank text area for things I don't like.

**How I usually am** – *Examples: I sleep a lot, I am usually very quiet, I am very active during the day.*

Blank text area for how I usually am.

 **My Care Passport**

**Passport Updates** – *This section is to be completed by hospital staff when the individual's condition has changed affecting the information on this Care Passport and or the individual is transitioning to a different level of care.*

**Additional Notes** – *Any additional information which might be needed to provide safe quality care to this individual.*