

My Health Passport





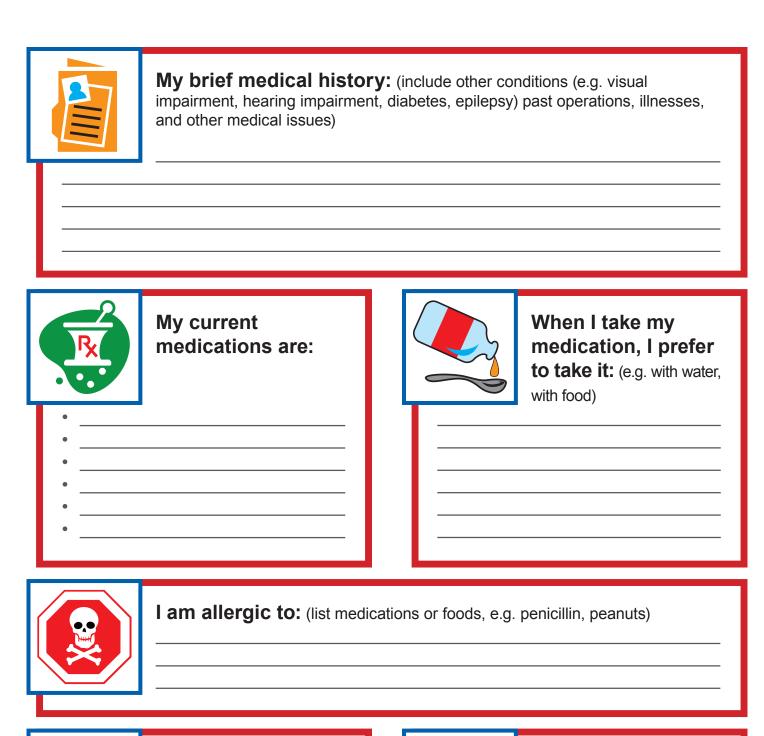
If you are a <u>health care professional</u> who will be helping me,

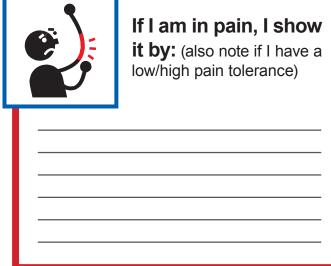
PLEASE READ THIS

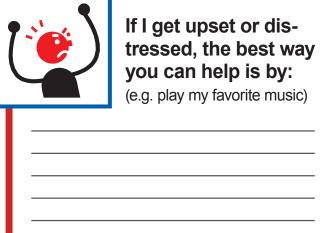




My full name is: I like to be called: Date of birth:/ My primary care physician: Physician's phone number:	Attach your picture
This passport has important information so you can better support me when I visit/stay in your hospital or clinic. Please keep this with my other notes, and where it may be easily referenced.	
My signature: You can talk to this person about my health:	Date completed://
Phone number:	Relationship:
I communicate using: (e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds, also state if extra time/ support is needed)	















I am very sensitive to: (specific sights, sounds, odors, textures/fabric, etc. that I really dislike, e.g. fluorescent lights, thunderstorms, bleach, air freshener)



Things I like to do that will help pass the time:



How to make future/follow-up appointments easier for me:

(e.g. give me the first/last appointment of the day, allow extra time for the appointment, let me visit before my appointment, give information to my caregiver, etc.)





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For further information contact Dr. Elizabeth Perkins at eperkins@usf.edu.



www.supportforliving.org.uk
This passport was adapted with permission
from the "About Me—My Hospital Passport"
from the Treat Me Right campaign.