

## Information to help you, your carer or supporter.

This health plan will help people around you have the best information to help you keep healthy.

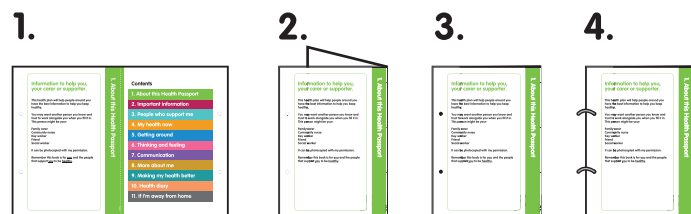
You may want another person you know and trust to work alongside you when you fill it in. This person might be your:

**Family carer**  
**Community nurse**  
**Key worker**  
**Friend**  
**Social worker**

It can be photocopied with my permission.  
Remember this book is for you and the people that support you to be healthy.

## How to use this passport:

1. Print the whole passport or the pages you need.
2. Fold each page along the middle dotted line.
3. Use a hole punch to punch the 2 dotted circles.
4. Put the pages into a folder.



Designed by designink. (gavbell@mac.com)

## 1. About this Health Passport

Fold

## Contents

### 1. About this Health Passport

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Stockton-on-Tees  
BOROUGH COUNCIL

Developed in collaboration with colleagues  
from North Tees and Hartlepool NHS Trust ©2011

**My name:**

**I like to be called:**

**My date of birth:**

**My telephone number:**

**My home address:**



**Postcode:**

**My NHS number:**

**My hospital number:**

**I live:**

With my family ☐

On my own ☐

With other people ☐

With people who support me ☐



## 2. Important information

Fold

**My main  
carer  
is:**

**Name:**

**Address:**

**Relationship:**

**Telephone  
Number:**

**If I am unwell  
contact:**



**Name:**


**Address:**

**Relationship:**

**Telephone  
Number:**

<b>If I am unwell contact:</b>	<b>Name:</b> <b>Address:</b>
<b>Relationship:</b>	
<b>Telephone Number:</b>	
<b>If I am unwell contact:</b>	<b>Name:</b> <b>Address:</b>
<b>Relationship:</b>	
<b>Telephone Number:</b>	

Fold

<b>My G.P. (Doctor) is called:</b>	
<b>Address:</b> 	
<b>Telephone Number:</b>	
<b>Any further comments:</b>	

## The people who support you might include your:

Nurse

Hospital doctor

Dentist

Family carer

Optician

Key worker

Friend

Social worker



## 3. People who support me

Fold

Name:	
What the person does:	
Address:	
Telephone Number:	
Last time they saw me:	
Next appointment (if known):	
Any further comments:	

<b>Name:</b>	
<b>What the person does:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Last time they saw me:</b>	
<b>Next appointment (if known):</b>	
<b>Any further comments:</b>	

Fold

<b>Name:</b>	
<b>What the person does:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Last time they saw me:</b>	
<b>Next appointment (if known):</b>	
<b>Any further comments:</b>	



## Information about your tablets and medicine.

Name of medicine?	How much do you take?	How do you take it?	When do you take it?	I take it for?

## 4. My health now

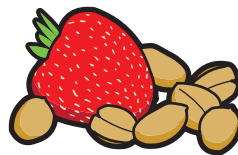
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I sometimes have problems or need help with:

Food allergies:

Yes ☐ No ☐

Any further comments:



Allergies to medicines:

Yes ☐ No ☐

Any further comments:



I sometimes have problems or need help with:

**My hearing:**

Yes ☐ No ☐

Any further  
comments:



**My eyes:**

Yes ☐ No ☐

Any further  
comments:



I sometimes have problems or need help with:

**My head:**

Yes ☐ No ☐

Headaches:

Yes ☐ No ☐

Dizziness:

Yes ☐ No ☐

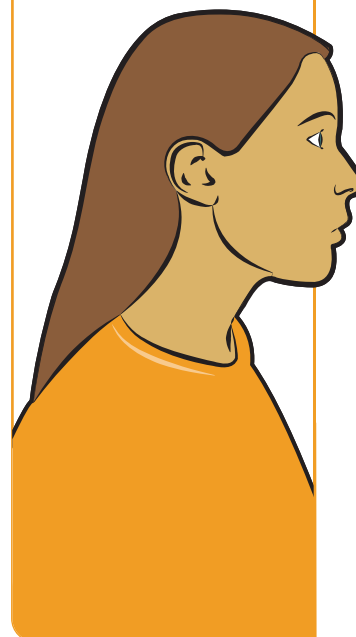
Epilepsy:

Yes ☐ No ☐

Head injury  
or shunt in  
place:

Yes ☐ No ☐

Any further  
comments:



Fold

I sometimes have problems or need help with:

**My skin:**

Yes ☐ No ☐

Eczema  
or psoriasis:

Yes ☐ No ☐

Itchy skin  
if I use  
certain soaps  
or toiletries:

Yes ☐ No ☐

Spots  
or rashes:

Yes ☐ No ☐

Pressure  
areas:

Yes ☐ No ☐

Any further  
comments:

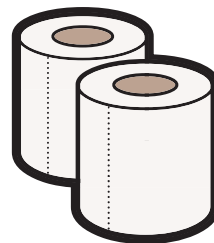


I sometimes have problems or need help with:

**Toileting  
needs:**

Yes ☐ No ☐

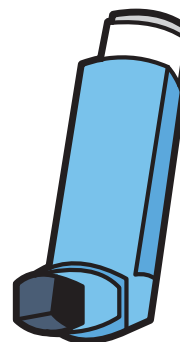
Any further  
comments:



**My chest and  
breathing:**

Yes ☐ No ☐

Any further  
comments:



Fold



I sometimes have problems or need help with:

**Eating and drinking:**

Yes ☐ No ☐

Any further comments:



**My bottom and/or hips:**

Yes ☐ No ☐

Any further comments:

I sometimes have problems or need help with:

**My teeth or cleaning them:**

Yes ☐ No ☐

I have my own teeth:

Yes ☐ No ☐

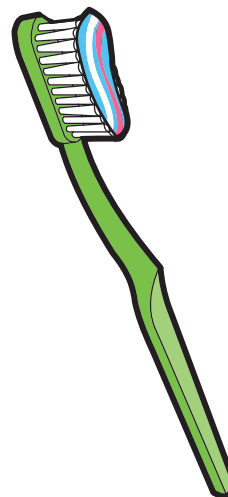
I visit the dentist regularly:

Yes ☐ No ☐

I need support or reminding to clean my teeth:

Yes ☐ No ☐

Any further comments:



I sometimes have problems or need help with:

**Sleeping:**

Yes ☐ No ☐

I do not sleep  
for very long:

Yes ☐ No ☐

I sleep  
all the time:

Yes ☐ No ☐

I always  
sleep well:

Yes ☐ No ☐

**I sleep on:**

An  
ordinary bed:

Yes ☐ No ☐

A special bed  
or mattress:

Yes ☐ No ☐

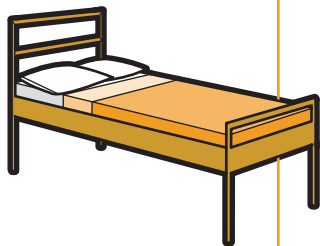
My left side:

Yes ☐ No ☐

My right side:

Yes ☐ No ☐

Any further  
comments:

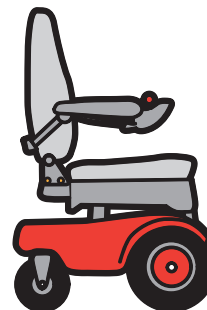


I sometimes have problems or need help with:

**Walking  
and moving:**

Yes ☐ No ☐

Any further  
comments:



**Washing  
and bathing:**

Yes ☐ No ☐

Any further  
comments:



Fold

## Women's health

I sometimes have problems or need help with:

I have regular periods:

Yes ☐ No ☐

I have painful periods:

Yes ☐ No ☐

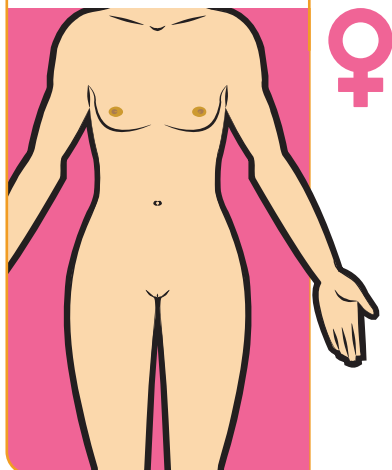
I check my breasts for lumps:

Yes ☐ No ☐

I have regular smear tests/checks down below:

Yes ☐ No ☐

Any further comments:



## Men's health

I sometimes have problems or need help with:

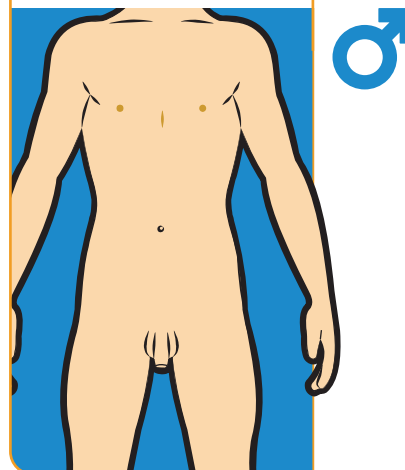
I check to see whether I have lumps or bumps on my body:

Yes ☐ No ☐

I check my testicles (balls) to see if I have any lumps or bumps:

Yes ☐ No ☐

Any further comments:

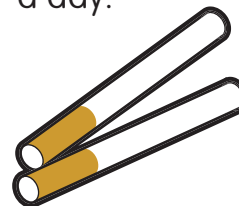


I sometimes have problems or need help with:

Any other  
comments:

**I smoke:**

How many  
cigarettes  
a day:



Yes ☐ No ☐

**I drink  
alcohol:**

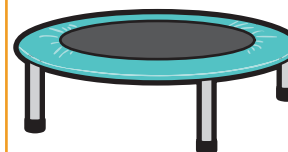
How many  
drinks a week:



Yes ☐ No ☐

**I exercise:**

How many  
times a week:



Yes ☐ No ☐

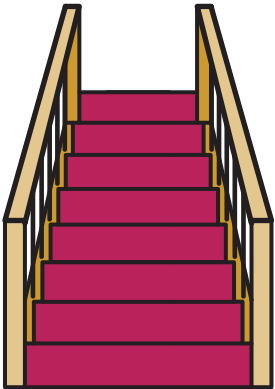
Any further  
comments:

Fold

**I can get  
around my  
home on my  
own:**

Yes ☐ No ☐

Any further  
comments:



## 5. Getting around

Fold

**I may  
need help  
to get around  
the ward in  
hospital:**

Yes ☐ No ☐

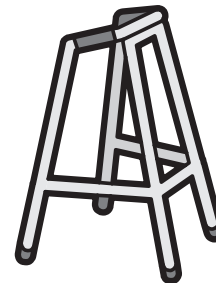
Any further  
comments:



**I always need  
help to get  
around:**

Yes ☐ No ☐

Any further  
comments:



**I can usually  
get around  
with the help  
of one person:**

Yes ☐ No ☐

Any further  
comments:



**I can get  
around in my  
wheelchair:**

Yes ☐ No ☐

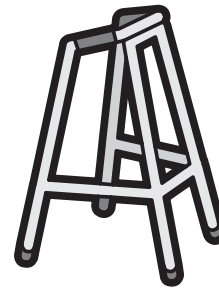
Any further  
comments:



**I use sticks  
or a frame  
to get around:**

Yes ☐ No ☐

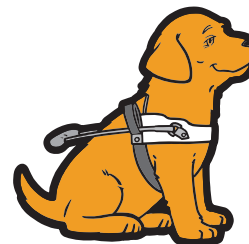
Any further  
comments:



**I use a white  
cane or a  
dog to help  
me get  
around:**

Yes ☐ No ☐

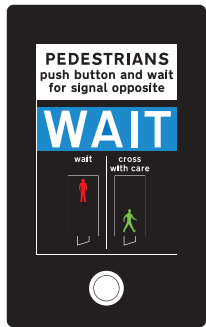
Any further  
comments:



**I get  
around the  
community  
on my own:**

Yes ☐ No ☐

Any further  
comments:



**I need  
help with  
transport  
in the  
community:**

Yes ☐ No ☐

Any further  
comments:



**I use  
something  
else to help  
me get  
around:**

Yes ☐ No ☐

Any further  
comments:

Fold

When I feel nervous I:



## 6. Thinking and feeling

Fold

When I feel scared I:



When I feel angry I:





**When I panic I:**



**When I feel sad I:**



**When I feel happy I:**



**To help me feel safe I need to:**

Fold

To help me feel calm I need to:



Other things that might show how I am feeling:

My mood can change if:

Things  
happen

Yes ☐ No ☐

Routine  
changes

Yes ☐ No ☐

I am ill

Yes ☐ No ☐

I don't take  
my medicine

Yes ☐ No ☐

Any further  
comments:

Fold

## 7. Communication

**I use words to communicate:**

Yes ☐ No ☐

Any further comments:

ABC  
DEFGHIJKLM  
NOPQRSTUVWXYZ  
ABCDEFGHIJKLM  
NOPQRS...

**I use some words to communicate:**

Yes ☐ No ☐

Any further comments:

ABC

**The language I speak and understand is:**

**I need an interpreter to help me to communicate:**

Yes ☐ No ☐

Any further comments:

μεταφράσει  
翻后期

**I can understand more if people use easy words and explain things slowly:**

Yes ☐ No ☐

Any further comments:



**I use signs  
to help me  
communicate:**

Yes ☐ No ☐

Any further  
comments:



**I use pictures  
and symbols  
to help me  
communicate:**

Yes ☐ No ☐

Any further  
comments:



**To help me understand other people they need to:**

Fold

**I like being with other people:**

Yes ☐ No ☐

Any further comments:



**I like being on my own:**

Yes ☐ No ☐

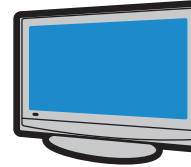
Any further comments:



## 8. Things I like

**Things I like or have to do:**

Watch TV



Yes ☐ No ☐

Listen to music



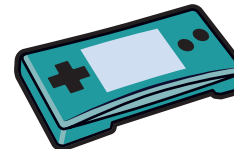
Yes ☐ No ☐

Read



Yes ☐ No ☐

Gaming



Yes ☐ No ☐

**The things I need that make me feel safe are:**

## 9. Making my health better

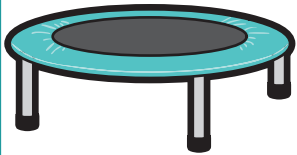
Fold

Tick the things you would like to learn more about:

**Exercise:**

Yes ☐ No ☐

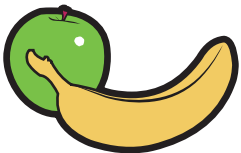
Any further comments:



**Healthy eating:**

Yes ☐ No ☐

Any further comments:



Tick the things you would like to learn more about:

**Hygiene**

Yes ☐ No ☐

Any further comments:



**Having fun and enjoying life:**

Yes ☐ No ☐

Any further comments:

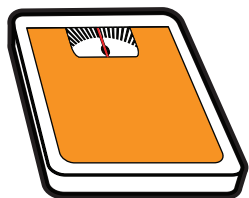


Tick the things you would like to learn more about:

**Health screening:**

Yes ☐ No ☐

Any further comments:



**Check-ups:**

Yes ☐ No ☐

Any further comments:



Tick the things you would like to learn more about:

**Getting a job:**

Yes ☐ No ☐

Any further comments:

connexions



**Independent living:**

Yes ☐ No ☐

Any further comments:



Fold

Tick the things you would like to learn more about:

**Having my own money:**

Yes ☐ No ☐

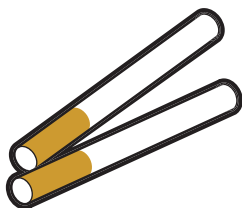
Any further comments:



**Stopping smoking:**

Yes ☐ No ☐

Any further comments:



Tick the things you would like to learn more about:

**Alcohol safety:**

Yes ☐ No ☐

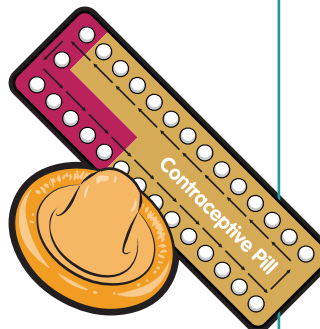
Any further comments:



**Stopping pregnancy from happening:**

Yes ☐ No ☐

Any further comments:





Tick the things you would like to learn more about:

**Drug awareness:**

Yes ☐ No ☐

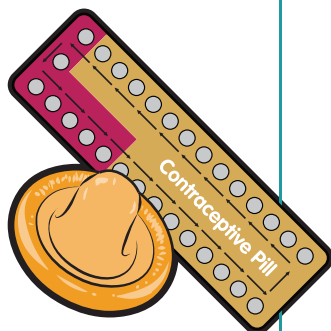
Any further comments:



**Safe sex:**

Yes ☐ No ☐

Any further comments:



Tick the things you would like to learn more about:

**Sun awareness:**

Yes ☐ No ☐

Any further comments:



Other things I would like more help with are:

Keep notes on these pages about how you feel and what the doctor or nurse has said.

Date:

Date:

## 10. Health diary

Fold

Date:

Date:

Date:

Date:

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

**Date:**

Fold

If I have to go away from home these are the things I would like people to think about.

The personal things I would like to take with me are:



If I have to go away from home I would like someone to stay with me:

Yes ☐ No ☐

## 11. If I'm away from home

Fold

If I have to go away from home I would like to tell:

Name:

Address:

Relationship:

Telephone Number:

If I have to go away from home I would like to tell:

Name:

Address:

Relationship:

Telephone Number:

If I have to go away from home I want the people looking after me to talk to my parent(s):	Name: Address:
Relationship:	
Telephone Number:	
If I have to go away from home I want the people looking after me to talk to one of my family:	Name: Address:
Relationship:	
Telephone Number:	

Fold

If I have to go away from home I want the people looking after me to talk to one of my carers:	Name: Address:
Relationship:	
Telephone Number:	
If I have to go away from home the people who are helping me need to talk to:	Name: Address:
Relationship:	
Telephone Number:	