

# HSE Health Passport



**For people with an intellectual disability in contact with a healthcare setting**



**Your Health Passport will help to let healthcare staff know all about your abilities and needs.**

**This will help them give you better care when you are in a healthcare setting.**

**Please ensure that your information is up to date.**

## To staff:

**Please read this Health Passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.**

**Try to make this passport easily available to all staff involved in care.**



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

# All about me



My name is

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I like to be called

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My birthday is (date of birth)

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I live at

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---

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My telephone number is

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**I live with**

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**My main carer is**

Name

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Telephone number

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**My keyworker is**

Name

---

Telephone number

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**Parental responsibility**

(for children under 18 years of age)

Name

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Telephone number

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# Communication



**I communicate by**

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**How best to communicate with me**

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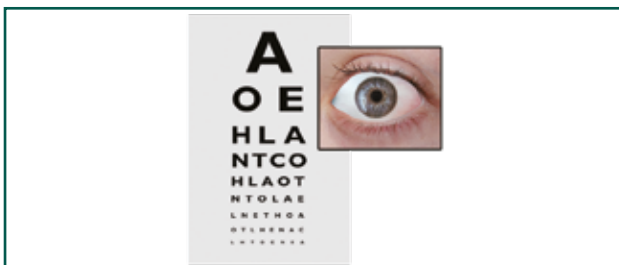
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**Support I need to make decisions**

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**My eyesight**

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**My hearing**

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**What I do if I am afraid or worried**

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**How you can support me if I am afraid or worried**

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**Things I do if I am sore or in pain**

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## Medical history



**Things I am allergic to**

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

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## 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)

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## Looking after me

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

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Support I may need with moving  
(in bed, sitting, walking)

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Support I may need with eating

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**Help I need with drinking**

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

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**Support I may need with my oral or  
dental care**

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**You can help me with my personal  
care by**

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**Support I may need with using the  
toilet**

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**Things that help me have a good  
sleep**

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# Keeping me safe and happy



**Things that I do or use to keep safe**

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

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

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

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Completed by: \_\_\_\_\_

Relationship to Health Passport owner: \_\_\_\_\_

Date: \_\_\_\_\_

Review Date: \_\_\_\_\_