

This is MY HEALTH INFORMATION for when I go to hospital



To be filled in by me - or my mum, dad,
carer or guardian - for when I go to hospital.



I have an intellectual disability and MY FULL NAME is:

This is
a photo
of me



Date filled in:



Filled in by (full name):



If I have to go to hospital, this document needs to go with me.
It gives hospital staff important information about me.

It needs to hang on the end of my hospital bed and a copy
should be put in my hospital notes.

This document belongs to me. Please return it when I leave hospital.

For nurses, doctors and other health professionals: please look at this document which includes the following information, before you admit me into hospital and treat me:

1. Things you **MUST KNOW** about me
2. Things that are **IMPORTANT** to me
3. My **LIKES** and **DISLIKES**



Government
of South Australia

SA Health

1 Things you MUST KNOW about me



I like to be called:



My birthday:

Day / Month / Year (in full)



I live at:



My telephone number:

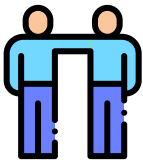


How I communicate / what language I speak:



You can help me to communicate by (how to talk with me):

If I need more help you have permission to contact the following people:



My main contact person

Name:

Telephone number:

This person is my:

(mum, dad, support worker, home manager, other)



The people who mostly help me with my needs

Name:

Telephone number:

This person is my:

(mum, dad, support worker, home manager, other)

Name:

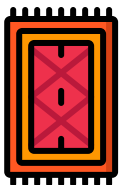
Telephone number:

This person is my:

(mum, dad, support worker, home manager, other)

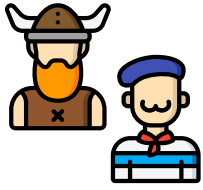


My religion:

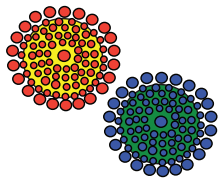


My religious/spiritual needs:

1 Things you MUST KNOW about me



My culture/heritage/ethnicity:



I am Aboriginal or Torres Strait Islander:

YES

NO



My Doctor / General Practitioner (GP):

Name:

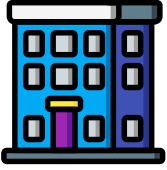


The address of the Doctor's clinic I go to:



The telephone number of the Doctor's clinic I go to:

1 Things you MUST KNOW about me



Other services/professionals that help me (for example counsellor, physio, medical specialist, dentist):



My allergies:



Special instructions for how to take my blood, give injections, blood pressure:

1

Things you MUST KNOW about me



Do I have any problems with my heart?

YES

NO

Detail:



Do I have any trouble breathing?

YES

NO

Detail:



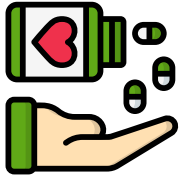
Do I have any problems with eating, drinking or swallowing?

YES

NO

Detail:

1 Things you MUST KNOW about me



My usual medicines:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



My medical history:



If I am scared or anxious, what should the doctor or nurse do to help me?

2

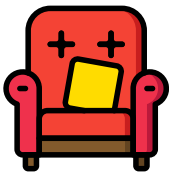
Things that are **IMPORTANT** to me



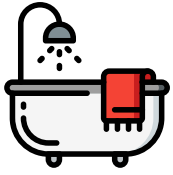
How I like to take my medicine (whole tablets, crushed tablets, injections, syrup):



How you will know if I am in pain:



How I like to sit and move around (posture in bed, walking aids):



I need help to shower and get dressed:

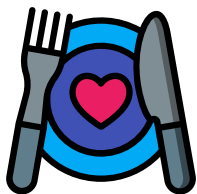
YES

NO

Detail:



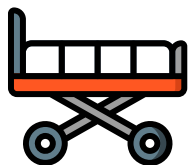
My seeing and/or hearing (problems with sight or hearing):



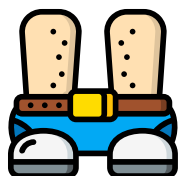
How I eat (for example food cut up, pureed, risk of choking, help with eating):



How I drink (for example drink small amounts, thickened fluids):



How I keep safe (for example, I need bed rails to stop me from falling out of bed; I have a positive behaviour support plan):



How I use the toilet (for example I use a special chair; I have a catheter):



How I like to sleep (time of going to bed and waking up, waking up in the night):



3 My LIKES and DISLIKES

LIKES

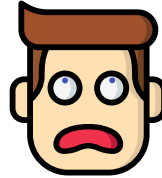
(for example – what makes me happy, things I like to do, for example watching TV, reading, music, routines)

DISLIKES

(for example – don't shout, food I don't like, physical touch, unknown people)



Things I like:
(please do this)



Things I don't like:
(don't do this)

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

6.

6.

7.

7.

8.

8.

9.

9.

10.

10.

11.

11.

12.

12.

13.

13.

14.

14.

NOTES

CONTACTS AND USEFUL WEBSITES

In case of emergency please call triple zero (000)

SA Health Mental Health Triage 131 465

SA Intellectual Disability Health Service

Ingle Farm Recreation Centre

3/58 Beovich Road

INGLE FARM SA 5098

Telephone: 08 8397 8100

Email: HealthCentreforDisabilityHealth@sa.gov.au

Website: <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Services/Health+Services+For/People+with+Disability/Centre+for+Disability+Health>

Adelaide PHN Primary Mental Health Enquiry Line 1300 898 213

Health Direct Australia 1800 022 222

Medicines Information (SA Pharmacy) 8161 7555

Patient Assistance Transport Scheme 1300 341 684

Country Health Connect 1800 944 912

Icons made by [Smashicons](#) and Freepik from www.flaticon.com

This document is based on the NHS South West London Access to Acute Group Hospital Passport template located at www.nhs.uk

For more information

www.sahealth.sa.gov.au

Sensitive: Personal I1-A2



This document has been reviewed and endorsed by SQCAG* for consumers and the community July 2020.

*SA Health Safety and Quality Community Advisory Group



Interpreter



<https://creativecommons.org/licenses>

© Department for Health and Wellbeing, Government of South Australia.
All rights reserved. FIS: 20030 Printed July 2020.



Government
of South Australia

SA Health