





HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

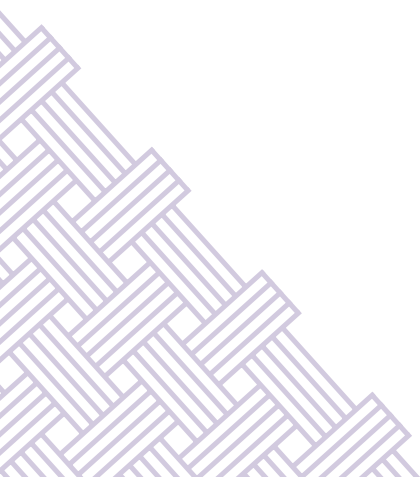


My Health Passport



**Please ensure I take
My Health Passport
with me when I leave.**





Date of completion:

Updated information is inside the back cover of this booklet: *(Tick either Yes or No).*

YES

NO

First name

Last name

I like to be known as

Notes for the person completing My Health Passport

Completing your Health Passport is optional. You may decide how much information you want to give under each section and may choose not to complete some sections of your Health Passport.

If you are unsure what to write in a particular section, please refer to the Guide for Completing My Health Passport.

Notes for medical and support staff

- If you are involved with my care and support, please read this document.
- This is not my Medical Record. This document gives information about:
 - Things you **MUST** know about me
 - Things that are important to me
 - Other useful information
- This document stays with me in hospital. Please ensure I take it with me when I leave.

Review your information when daylight saving occurs, or earlier if change occurs.

1. Personal details

a. National Health Index (NHI):

b. Ethnicity:

c. Address:

d. Telephone:

Mobile:

e. Email:

f. Preferred method of contact:

g. I have a disability alert: YES NO

A disability alert is a note on your medical records.

h. My General Practitioner (GP):

Practice:

Telephone:

Mobile:

Email:

i. Any dependents: YES NO

eg, pets, children, neighbour, family member.

Describe:

Photo of you

Review your information when daylight saving occurs, or earlier if change occurs.

2. This is what I want to tell you about myself

You may choose to write about your impairment or other health conditions — eg, I have cerebral palsy, I have epilepsy and my seizures vary from mild to strong.

-

-

-

-

Review your information when daylight saving occurs, or earlier if change occurs.

3. Communication

a. My preferred language:

b. I can also use:

language/s

c. I need an interpreter:

YES

NO

Language:

d. I communicate with people using — eg, gestures, facial expressions, pictures, cell-phone, texting, other technology.

e. What you should be aware of when communicating with me — eg, face me, speak clearly, tap furniture to get my attention, ensure my hearing aid is on, tell me what you are doing, and confirm I have understood.

Review your information when daylight saving occurs, or earlier if change occurs.

4. Decision-making

If I do not have a legal representative or advance directives, I trust that any decision concerning my care and welfare will be made by appropriate professional/s in my best interests.

a. I can and would like to make my own decisions, so please ask me first.

YES NO

b. I may need assistance to make an informed decision.

YES NO

c. If for some reason I am unable to make a decision at a time when a decision needs to be made, the following will apply:

i. I have a legal representative YES NO

My legal representative is:

Full name:

Their legal relationship — eg, Welfare Guardian, Enduring Power of Attorney for health and welfare.

Telephone:

Mobile:

Email:

ii. I have a list of my wishes for health care in the future: YES NO

Information about my wishes can be found — eg, on my medical records, at home, with my GP who holds my advance directives, I have given verbal directives to my son.

Review your information when daylight saving occurs, or earlier if change occurs.

5. Important people in my life

a. First contact person:

Contact people can be anyone you choose, eg, family, whānau, friend, support worker.

Full name:

Relationship to me:

Telephone:

Mobile:

Email:

b. Second contact person:

Full name:

Relationship to me:

Telephone:

Mobile:

Email:

c. Any other person or agency and their contact details:

Review your information when daylight saving occurs, or earlier if change occurs.

6. Things to know when providing health services

- a. I am in pain when — eg, I tell you, I make a particular sound, I cover or hold an area of my body.

- b. I am allergic to — eg, certain medications, perfume, nuts.

- c. When giving me medication, please — eg, put pills on a spoon, tell me what I will experience.

An up-to-date medication list is in the YES NO
back cover of this booklet.

- d. Supplements and herbal remedies — eg, I take vitamin C tablets daily.

- e. When examining me, please — eg, tell me what you are doing, be aware of my catheter bag, lie me on my left side.

- f. Other things that you need to know about me when providing a health service.

Review your information when daylight saving occurs, or earlier if change occurs.

7. Safety and comfort

I need assistance for my safety and comfort YES NO

If no, move to page 11.

- a. Things important for my physical safety — eg, raised bed rails, my seat belt, sharp objects removed from room, sustained observation.

- b. Things that may upset me or make me become anxious are — eg, bright lights, loud noise, lack of information.

- c. You would know that I am anxious or stressed when — eg, I avoid eye contact, I bite myself, I cry, I bang objects.

- d. Things you could do to make me feel more in control and comfortable — eg, play soft music, take me out for a walk, give me a task.

Review your information when daylight saving occurs, or earlier if change occurs.

8. Moving around

I need assistance to move around

YES

NO

If no, move to page 12.

- a. I move around using — eg, a mobility aid, I need a hoist for transfers, I have a guide dog.

- b. If you are assisting me you need to know — eg, roll me on one side when assisting me to move in bed, let me hold your left arm when you are guiding me, please put my power wheelchair on charge at night.

Review your information when daylight saving occurs, or earlier if change occurs.

9. Daily activities

I may need assistance with some daily activities

YES

NO

If no, move to page 13.

- a. Using the toilet — eg, I need assistance with buttons and zips.

- b. Washing/taking a shower — eg, I need assistance to dry myself, wash my hair.

- c. Grooming & personal hygiene — eg, I need assistance to brush my hair, to use a toothbrush.

- d. Dressing and undressing — eg, I need assistance with buttons, I can't put on shoes.

- e. Eating and drinking — eg, tell me what is in the food, I need a straw for all fluid, I need food in bite-sized pieces, food has to be soft and moist.

- f. Sleeping — eg, I have sleep aid medication, I need water before I sleep, I need the light on.

Review your information when daylight saving occurs, or earlier if change occurs.

Acknowledgements:

This document is based on original work called 'This is my Hospital Passport' by the Wandsworth Community Disability Team, United Kingdom.

Thank you to everyone who has been involved in developing New Zealand's My Health Passport.

Disclaimer:

The Health and Disability Commissioner makes the My Health Passport template available as a guide only, and accepts no responsibility for the accuracy of the completed information.

Notes:



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



**This Passport stays with me in hospital.
Please ensure I take it with me when I leave.**

To provide feedback on the Passport, please contact:

Health & Disability Commissioner
PO Box 1791, Auckland 1140.

Free Phone: **0800 11 22 33**

Email: **healthpassport@hdc.org.nz**

Website: **www.hdc.org.nz**

