Eating/Drinking

- ◯ Independent
- ◯ Assisted
- ◯ Supervision

Describe: ______________________________

Taking medication

- ◯ Independent
- ◯ Assisted
- ◯ Supervision

Describe: ______________________________

Travel requirements

- ◯ I make my own travel plans
- ◯ I can travel alone
- ◯ I can't travel alone
- ◯ I can use any transport
- ◯ I need this particular transport

Describe: ______________________________

Any dependents? *eg, Pets, children* ◯ YES ◯ NO

Describe: ______________________________

If I get upset, I might

- ◯ Get agitated and noisy
- ◯ Withdraw and disengage
- ◯ Present as anxious
- ◯ Rock or do repetitive actions
- ◯ Mumble
- ◯ Make gestures
- ◯ Other: ______________________________

What you could do

- ◯ Keep any direction simple
- ◯ Don't use acronyms
- ◯ Talk to me
- ◯ Allow me time alone
- ◯ Let me calm down
- ◯ Call my contact person
- ◯ Take me to a quiet place
- ◯ Other: ______________________________

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

HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

Acknowledgements

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

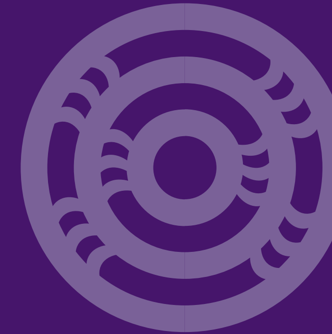
Thank you to everyone who has been involved in developing New Zealand's My Health Passport.

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.

HDC 2023

HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



My Health Passport

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

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

Please read this document as it will help you to understand how I communicate and engage with health services.

Date:

My name is:

I like to be called:

My address is:

Telephone:

Email:

General Practitioner (GP):

National Health Index (NHI):

What you need to know

My disability is:

My preferred language is:

For the following, tick either YES or NO:

I need an interpreter. ◯ YES ◯ NO

I communicate with people using: *eg, gestures, facial expressions, pictures, cell-phone, texting.*

I make my own decisions. ◯ YES ◯ NO

I have a legal representative. ◯ YES ◯ NO

Name:

Contact person: Contact people can be anyone you choose, *eg, family, friend, support worker.*

Full name:

Relationship to me:

Telephone:

Email:

Things to know when I use 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 tablets on a spoon, tell me what I will experience.*

d. When examining me, please: *eg, tell me what you are doing, be aware of my catheter bag, lie me on my left side.*

e. I have the following cultural preferences:

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

Other helpful information

Tick the following as necessary:

I don't like

◯ Bright lights
◯ Loud noise
◯ Lots of people
◯ Needles
◯ Other

Describe:

Mobility

◯ Independent
◯ Supervision
◯ Assisted

Describe: