

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



I like to be called



My birthday is (date of birth)



I live at



My telephone number is



I live with



My main carer is

Name

Telephone number



My keyworker is

Name

Telephone number



Parental responsibility

(for children under 18 years of age)

Name

Telephone number

Communication



I communicate by



How best to communicate with me



Support I need to make decisions



My eyesight



My hearing



What I do if I am afraid or worried



How you can support me if I am afraid or worried



Things I do if I am sore or in pain

Medical history



Things I am allergic to



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

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)



Looking after me

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

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

Support I may need with eating





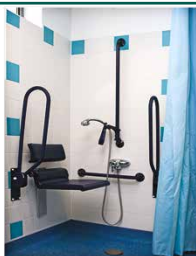
Help I need with drinking



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



Support I may need with my oral or dental care



You can help me with my personal care by

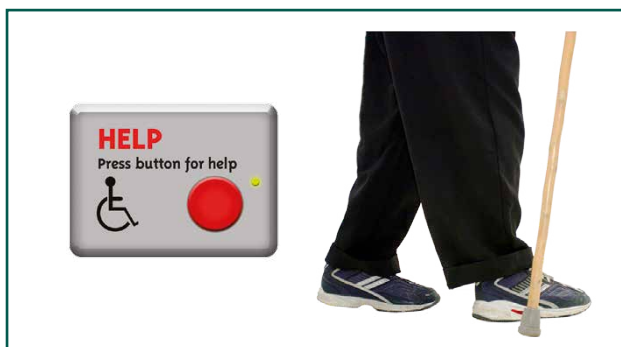


Support I may need with using the toilet

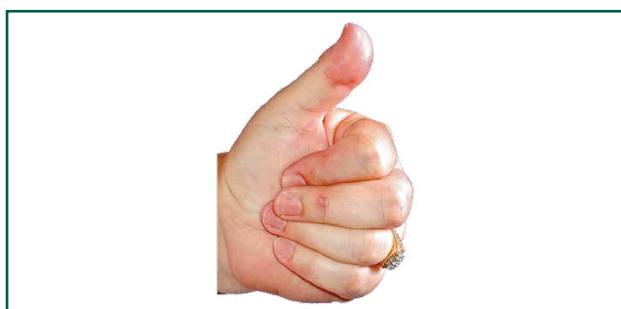


Things that help me have a good sleep

Keeping me safe and happy



Things that I do or use to keep safe



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



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



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



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Adapted with permission from the Public Health Agency

Completed by: _____

Relationship to
Health Passport
owner: _____

Date: _____

Review Date: _____