

**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.**

**HSE Health Passport**

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|  | **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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| **All about me** |

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|  |  | **My telephone number is** |  |  |
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**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**

**My hearing**

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

**Support I need to make decisions**

**My eyesight**

**I communicate by**

**How best to communicate with me**



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

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

**Medical history**



**Things I am allergic to**

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

**Medication**



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| **I am on medication Yes o****No o** |

(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** |

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|  | **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**

**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**

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|  | **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 ortalk 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: |  |  |
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| Adapted with permission from the Public Health Agency |  |  |  |
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