

# MY HEALTH PASSPORT



**PLEASE  
READ  
THIS**

- If you are a **Health Care Professional** who will be helping me, please refer to this document before you try to help me with my care or treatment.
- When I visit/stay in your hospital or clinic, **please keep this with my other notes — where it may be easily referenced.**

ATTACH  
YOUR  
PICTURE  
HERE!

## PERSONAL INFORMATION

MY FULL NAME	
I LIKE TO BE CALLED	
MY DATE OF BIRTH	
PRIMARY CARE PHYSICIAN	PHYSICIAN'S PHONE #



## PERMISSIONS

YOU MAY TALK TO THIS PERSON ABOUT MY HEALTH	
RELATIONSHIP	PHONE #
MY SIGNATURE	DATE



## I PREFER TO COMMUNICATE USING:

SPEECH COMMUNICATION DEVICES	PREFERRED LANGUAGE NON-VERBAL SOUNDS	SIGN LANGUAGE OTHER (FILL OUT BELOW)
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### MY BRIEF MEDICAL HISTORY:

Include conditions (e.g., visual/hearing impairment, diabetes, epilepsy), past operations, illnesses and other medical issues.

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### MY CURRENT MEDICATIONS:

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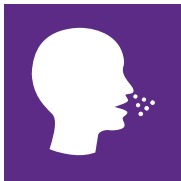
### I PREFER TAKING MY MEDICATION WITH:

WATER

FOOD

OTHER (INDICATE BELOW)

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### I AM ALLERGIC TO:

List medications or foods (e.g., penicillin, peanuts)

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### IF I AM IN PAIN, I SHOW IT BY:

MY PAIN TOLERANCE IS:      LOW      HIGH

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### IF I AM DISTRESSED, YOU CAN HELP BY:

(e.g., play my favorite music)

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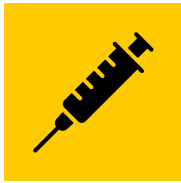
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### HOW I COPE WITH MEDICAL PROCEDURES:

(e.g., how I react to injections, IV's, physical exams, X-rays, oxygen therapy, etc.) Also, any procedures that I never experienced before or in recent years.

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### MY MOBILITY NEEDS:

(e.g., whether I can transfer independently, devices I use, pressure relief needed)

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### WHEN GETTING WASHED/DRESSED, YOU MAY ASSIST ME BY :

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### WHEN DRINKING, YOU MAY ASSIST ME BY :

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### WHEN EATING, YOU MAY ASSIST ME BY :

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### MY FAVORITE FOODS & DRINKS ARE:

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### I DON'T LIKE TO EAT OR DRINK THE FOLLOWING:

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### I AM VERY SENSITIVE TO:

Specific sights, sounds, odors, textures/fabrics that I dislike (e.g., fluorescent lights, thunderstorms, bleach, air freshener, etc.).

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### THINGS I LIKE TO DO TO PASS THE TIME:

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### HOW TO MAKE FUTURE/FOLLOW-UP APPOINTMENTS EASIER FOR ME:

(e.g., give me the first/last appointment of the day, allow extra time for the appointment, let me visit before my appointment, give information to my caregiver, etc.).

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