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.
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
Medical history

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

- Things I do if I am sore or in pain

- 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

Completed by: ____________________________
Relationship to Health Passport owner: ____________________________
Date: ____________________________
Review Date: ____________________________