What I Need You to Know
A Health and Care Record for Me, My Family and Carers

My Healthcare Passport ©
My Healthcare Passport® is a unique individual health and care record, designed for anyone who is living with a medical condition which requires ongoing care and support and for their families and carers.

**My Healthcare Passport®**

Living with a medical condition may involve meeting many new people. Keeping family, carers and health and care staff updated about changing requirements can be difficult, repetitious and tiring. This passport aims to act as a core record of how my individual health is evolving and of information required to support my health and wellbeing.

It is designed to be completed, updated and kept primarily by me, the passport’s owner, or any member of my family or carers on my behalf. Health and care staff may also add to, or with my permission, change and update the key information contained in this record. For example, my GP may add a suggested management plan, Speech Therapy might add information about communication. Any member of my health and care team, with my permission, may wish to add key information.
The passport aims to provide information about my healthcare requirements which can be accessed, with my permission, by anyone involved in my support or healthcare. For example, it may be useful to take into hospital, or it may be used to update my family and carers, when a situation is changing.

My GP and other members of my health and care team hold accurate and up to date clinical records regarding me and my health but these cannot always be accessed easily by those non-medical staff visiting me in my home or by those whom I meet in other settings. This passport may help in those situations.

If, for any reason I am unable to communicate for myself, for example due to illness, the health and care passport explains the day to day requirements for my care, and will be updated by me, my family/carers or my health and care team, if these change. It may also contain important information about my preferences and wishes regarding healthcare, if my health were to deteriorate for any reason.
This Healthcare Passport belongs to:

Name: ______________________________________

Address: ____________________________________

__________________________________________

__________________________________________

Contact Telephone Number (s): _____________

Health and Care Number (my GP practice can provide this):

__________________________________________

Next of Kin: _________________________________

Name: ______________________________________

Address: ____________________________________

__________________________________________

__________________________________________

Contact Telephone Number(s): _______________
All About Me

If, for any reason, I am unable to communicate for myself, this is the information about me as an individual which my family, friends and carers would want you to know. It may contain anything of key importance about me as an individual, expressed as briefly, clearly and legibly as possible.

For example:

- My core values/spiritual beliefs, as they relate to my care
- My daily/weekly routine
- How I express pain/anxiety
- My sleep
What I would like you to know about me as an individual, continued:

- My food preferences and diet
- My likes, dislikes and interests
- How to communicate with me (if I have communication difficulties)
- Work interests
- How I like to relax
- Any other key information of importance.

(If needed, a communication sheet explaining specific communication requirements may be prepared with help from a Speech and Language therapist and stored in the plastic envelope).
I Can Complete Many Tasks with Proper Support.

This is what I need help with:

(An evolving record of my care requirements).

This will be updated by me, my family or carers. My healthcare team may also comment on, modify or update this information.
It will need to be reviewed regularly and updated as needed. Examples of the type of Information to be included:

- Hearing difficulties
- Visual problems
- Pain and discomfort issues
- Mobility/support needs
- Risk of falls
- Personal care (washing/dressing)
- Eating and drinking
- Toileting
- Equipment which is helpful to me
- Other.
My Health

My Medical History

This contains a medical summary of current and previous problems, as printed by my GP. It will be updated by my GP only if a new and significant problem develops.
Important Note: My medical and nursing teams do not rely on this information as they have their own clinical record. This is simply a record for me, my family, carers and any health or social care professional who visits me at home without access to my records. There may be some delays in keeping this updated and my GP can be contacted if there is any doubt.
My Medication

This contains:

- A record of my current repeat medication, provided by my GP or pharmacist
- A list of allergies, as provided by my GP. If I develop any new allergy, my carers or I will ask my GP to update this. This is for my information, and that of my family and care team.
- Any special instructions regarding my medications
- Where to find my medication
- The computer record in my GP surgery will contain the most updated information.
Advice About My Medication

To be completed by my Pharmacist, or any other member of my medical or nursing team.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
My Healthcare Team

- Who to call
- When to call
- How to call.
I, my family, my carers and healthcare team will add contact information about my healthcare team here, for example, my GP, the Out of Hours Service for my area, Specialist Nurses, Social Worker, Care Manager, Occupational Therapist, Physiotherapist, Speech Therapist, Hospital Consultant.

**Note to Health and Social Care Teams:** Please sign and date this record legibly with your contact details, and advise on how and when you can be contacted by this patient and their family/ carers.
My Healthcare Team

Name: ______________________________________

Job Title: ___________________________________

Address:_____________________________________
____________________________________________

Telephone Number: __________________________

Role: _______________________________________

When to contact me: _________________________

Name: ______________________________________

Job Title: ___________________________________

Address:_____________________________________
____________________________________________

Telephone Number: __________________________

Role: _______________________________________

When to contact me: _________________________
Cards from healthcare professionals
What My Healthcare Team Wants You to Know

Any additional or evolving information and advice from my healthcare team about my medical condition, for those involved in my practical care, about issues which are current and issues which are anticipated.

This may be updated by my healthcare team over time.
For Health or Social Care Teams:

Please record any new key information about current or anticipated issues for me, my family and carers in this section.

Please write legibly and sign and date each entry. Management plans can be stored in the polypocket.
Information and Advice About Issues Which May Need Urgent Attention

If there is a risk of any issue arising which would require urgent action, please record a brief advice plan here.

Please write legibly and sign and date each entry.

Enclose urgent pre-printed management plans in the pocket provided.
Date: ____________________________________________

Recorded by: ________________________________

Key Advice/Information about Issues of Potential Urgency:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
My Medical Condition

Background information (leaflets etc.) about my condition.
My Family, Friends and Carers

Contact details for my next of kin, family members and friends.
Contact Details

MY NEXT OF KIN

Name: _______________________________________

Relationship: ________________________________

Address: ____________________________________

__________________________________________

Telephone: _________________________________

Name: _______________________________________

Relationship: ________________________________

Address: ____________________________________

__________________________________________

Telephone: _________________________________
Useful Resources for Me and My Carers:

A place to keep information about things which might be useful to both my carers and myself. For example:

- support groups (time, place and contact person)
- community events
- entertainment
- classes
- websites
- podcasts
- books.
In The Event Of...

becoming sick or unwell, I have the option of recording my preferences in advance regarding my preferred place of care, and my wishes regarding admission to hospital, if I have clear preferences.

If I wish, this section may also act as a place to keep very strongly held preferences, or ‘advance directives to refuse treatment’ such as Cardiopulmonary resuscitation.

I may also use this as a place to store any other legal agreements I choose to use, such as Enduring Power of Attorney.

(This will be completed only if I have clear preferences and I choose to record them in advance).
**Important Note:** It is important to inform health and care staff if I wish to record my healthcare preferences in advance. They can explain my options, give me more information (for example, the “Your Life, Your Choices” booklet, or “A Record of My Wishes”), and help me to record my wishes appropriately. It is important to review these, to keep an up to date record of my wishes, and to communicate any changes to my health and care team, should these change.
This healthcare Passport has been developed by the RCGP NI with input and support from the following organisations. This project was funded by the Public Health Agency (NI).

- Action on Hearing Loss
- Accident and Emergency staff
- All Ireland institute for Hospice and Palliative Care
- Alzheimer’s Society
- BMA
- Brainwave (Brain Injury Trust)
- Cancer focus NI
- Care of Elderly Mental Health Teams
- Carers NI
- Community Palliative Care Teams
- Cruse
- Derry Well Woman
- District Nursing Teams
- Domiciliary Care Workers
- Equality Commission
- Further Education Colleges
- General Practitioners
- Health Improvement (Promotion) Teams
- Hospice Staff (NI Hospice, Newry Hospice and Foyle Hospice)
- Hospital and Community Specialist Palliative Care Teams
- Huntington’s Disease Association
- Irish Hospice Foundation
- Macmillan UK
- Marie Curie
- Motor Neurone Disease Association
- Motor Neurone Disease Care Network
- MS Society
- Neurology Teams
- NI Chest Heart and Stroke
- NI Children’s Hospice
- NI Rare Disease Partnership
- NI Neurological Charities Alliance (NINCA)
- Occupational Therapy Practitioners
- Patient and Client Council NI
- Parkinson’s UK
- Pharmaceutical Society NI
- Positive Life NI
- Respiratory Nursing Teams
- Royal National Institute for the Blind
- Social Work Practitioners
- Trust Bereavement Coordinators