

# My Hospital Passport

Insert  
my photo  
here

This hospital passport has all the important information about me and my health needs, so if I go to hospital people will know what I need.



## About me

My name:

My preferred name:

My date of birth:

My age:

My phone:

My address:

Language spoken:



I need an Auslan interpreter:

Yes

No

I need an interpreter:

Yes

No

# About me



I am Aboriginal / Torres Strait Islander:      Yes      No

I identify as:

- non-binary
- female
- male
- prefer not to say
- prefer to self-describe

My pronouns are:

- they/them
- she/her
- he/him
- other



# Important people to me

## In order of preference

Name:

Phone:

Email:

Relationship to me:

---

Name:

Phone:

Email:

Relationship to me:

---

Name:

Phone:

Email:

Relationship to me:

---

# My dependants



## My dependants are:

Name:

Age:

School:

Person to contact  
if I can't:

---

Name:

Age:

School:

Person to contact  
if I can't:

---

Name:

Age:

School:

Person to contact  
if I can't:

---



# My health details

I receive NDIS supports:

Yes

No

My Medicare number is:

My Medicare reference number is:

(this is the number next to my name)

My Medicare expiry is:

/

My GP is:

At address:

Email:

Phone:

---

My Pharmacist is:

At address:

Email:

Phone:

# My plans



I have the following plans:

behavioural support plan

epilepsy plan

feeding plan/nutrition plan

NDIS plan

continence plan

mental health plan

emergency care plan

sensory plan

other



# My likes/dislikes



**Likes:**

eg. food, music, sports



**Dislikes:**

eg. loud people, small spaces



# My Dos



These are the things you absolutely must do to make me feel safe, valued and listened to:







# My Don'ts

These are the things you absolutely must NOT do as these will make me feel unsafe, not valued and not listened to:



# My medical information



My allergies:



Drugs, vitamins,  
supplements  
I must not have:





# My medical information

**My pre-existing  
medical  
conditions:**



**My disability  
diagnoses:**

(if this is important  
for people to know)



**Prefer not to say**

# My medical information



## My usual medications:

Medication:

Dose:

Frequency:

How I have my meds:

(tablet, syrup, crushed, patch,  
injection)

---

Medication:

Dose:

Frequency:

How I have my meds:

---

Medication:

Dose:

Frequency:

How I have my meds:

---

Medication:

Dose:

Frequency:

How I have my meds:



# My medical information

**Medication:**

**Dose:**

**Frequency:**

**How I have my meds:**

(tablet, syrup, crushed, patch,  
injection)

---

**Medication:**

**Dose:**

**Frequency:**

**How I have my meds:**

---

**Medication:**

**Dose:**

**Frequency:**

**How I have my meds:**

---

**What support I need:**

eg. for taking blood, injections etc.

# My health information



## My medical concerns / worries:

eg. scared of needles, pulls out canula when awake,  
trauma info/responses

I have issues with:

Detail:

breathing

heart

blood pressure

neurological

eating

drinking

swallowing

dietary

other



# My vaccination information

I am up to date with these vaccines:

Covid

Type:

Date:

Flu

Date:

Other:

Date:

I can't have the Covid/flu vaccination  
for medical reasons

The reason is:

My Medicare immunisation  
history is attached:

Yes

No

# My legal

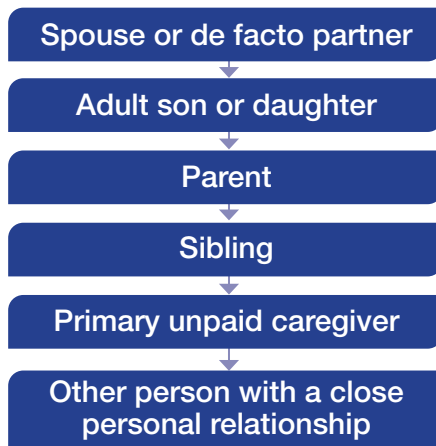


Most people with a disability over the age of 18 won't need, or have, a formally appointed decision maker.

It's their right to, and is always preferable, for every person to make their own informed, medical decisions. In emergency situations, like COVID related hospitalisation, where we can't make our own decisions, eg. on a ventilator and/or unconscious, then it's the people who love us and know us well, who might be expected and looked upon to make medical decisions.

When there is no Advance Health Directive (AHD) and no formally appointed enduring guardian/guardian/decision maker, here is what the Office of Public Advocate (OPA) in WA recognises as the natural hierarchy of decision makers for non-urgent medical treatment.

[www.publicadvocate.wa.gov.au/M/making\\_treatment\\_decisions\\_print.aspx](http://www.publicadvocate.wa.gov.au/M/making_treatment_decisions_print.aspx)



## The best person to make medical decisions when I can't is:

Name:

Relationship to me:

Contact details:





# My health rights

**If I'm having issues with medical treatment or non-treatment, contact:**

## **People with Disabilities WA (PWDWA)**

**Phone:** 08 9420 7279

1800 193 331

**Website:** [www.pwdwa.org](http://www.pwdwa.org)

## **Health Consumers' Council WA (HCCWA)**

**Phone:** 9221 3422

1800 620 780

**Website:** [www.hconc.org.au](http://www.hconc.org.au)

## **Department of Communities: Office of Disability**

**Phone:** 1800 176 888

**Website:**

[www.wa.gov.au/organisation/departments-of-communities](http://www.wa.gov.au/organisation/departments-of-communities)

**If it's related to Covid,  
make sure 'Covid' is mentioned  
when seeking support**

# My communication



My 1<sup>st</sup> language is:

My 2<sup>nd</sup> language is:

I don't speak English and need an interpreter

I use sign language to communicate

I use a communication device

I have complex communication access needs  
(you may know this as me being 'non-verbal')

## My communication supporter is:

Name:

Phone:

Email:

Address:



# My communication needs

I communicate by using:

spoken words

behaviour

written words

gestures

communication  
device

Auslan

other

How I say Yes:

How I say No:

How you'll know  
I'm in pain:

To help me better  
understand, I need:

What support  
do I need to  
communicate?

# My sensory & behavioural needs



**What works for me:** eg. being in a room by myself, speaking softly to me, having my supporter with me

**What doesn't work for me:**  
eg. restraining me, talking about me, loud noises

**What sensory items I need:**  
eg. weighted blanket, headphones

**If I behave in ways people aren't familiar with, how can they support me best?:** eg. give me space, read my support plans, don't ask too many questions



# My equipment & physical needs

## What equipment do I need?

eg. glasses, frame, wheelchair

## My physical / disability needs are:

eg. support when walking to bathroom, don't approach too suddenly, explain treatment that is occurring

## I need assistance with:

personal care

mobility

toileting

eating

drinking

taking medicine

How many people  
do I need to assist  
me with this?

# My special arrangements



**I have a pet at home:**

**I am caring for someone:**

**If I'm unable to care for my loved one or pet,  
I would like my emergency contacts to:**

**Any special information regarding my  
financial or legal arrangements:**



# Notes



Government of **Western Australia**  
Department of **Communities**

**183 Carr Place Leederville WA 6007**

**Office Phone: 08 9481 0101**

**[www.waindividualisedservices.org.au](http://www.waindividualisedservices.org.au)**

This resource was developed through a grant funded by the  
WA Department of Communities, Disability Services.