



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



My Health Passport



Please ensure I take
My Health Passport with me
when I leave



**Date when this My Health Passport
was filled in:**

..... of 20



My name is:

.....



I like to be known as:

.....



My address is:

.....

.....

.....



My telephone number is:

.....



My mobile number is:

.....



My email is:

.....



My Doctors name is:

.....



My National Health Index (NHI) number is:

--	--	--	--	--	--	--

If you do not know your NHI number
you can leave this section blank.

What you need to know

1. My disability is:

.....

.....

.....

.....

.....



2. The language I use is:

.....

3. I need an interpreter:



Please tick YES or NO



4. I communicate with people by:

(as many as you like)



Talking



Gestures like nodding head or pointing



New Zealand Sign Language



Pictures

Mobile phone / texting

Other:

.....

.....



5. I can / would like to make my own decisions.

Please tick YES or NO

6. I have a legal representative.



A **legal representative** is someone who has been given the role of making decisions for you in your best interest.

Please tick YES or NO



The name of my legal representative is:

.....

7. My contact person:



Full name:

.....

Relationship to me:

.....



Telephone number:

.....



Mobile number:

.....



Email address:

.....

Things to know when I use services



1. I am in pain when:

(as many as you like)

I tell you



I make a certain sound

I cover an area or part of my body



I hold an area or part of my body

Other / more information:

.....

.....



2. I am allergic to:

.....

.....

.....



Allergies are when a person's body has a bad reaction to something they have:

- taken like some medicine
- eaten like nuts or fish
- been around like pollen or perfume.





3. When giving me medicine please:

(as many as you like)

Put pills on a spoon

Tell me how I might feel when I take this medicine

Stay with me to make sure I take my medicine

Other:

.....

.....

.....

.....



4. When you are looking at things on my body please:

(as many as you like)



Tell me what you are doing

Be aware of my catheter bag

Lie me on my left side only

Other:



.....

.....

.....

.....



5. My cultural needs are:

(as many as you like)

I need my doctor to be a woman



I need my family to be with me at all times where possible



Other:

.....

.....



6. Other information you need to know when giving me health services:

.....

.....

.....

Other helpful things to know about me



1. Things that may upset me or make me anxious are:

(as many as you like)



Bright lights

Loud noise

Lack of information



Other:

.....

.....

.....

2. If I get upset I might:

(as many as you like)



Become cross / loud



Not look people in the eye

Rock backwards and forwards



Mumble

Other:

.....

.....

.....

.....

3. Things you can do to help me feel less upset:



(as many as you like)

Talk to me



Give me some alone time

Call my contact person



Take me to a quiet place

Other:

.....

.....

.....



4. I need support to move around:

Please tick YES or NO

If **YES** write more information here:

.....

.....

.....



5. I need support to travel:

Please tick YES or NO

If **YES** write more information here:

.....

.....

.....



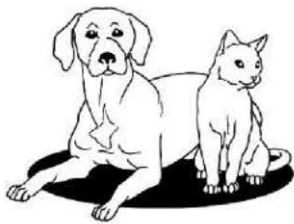
6. I care and support other people

This could be:



- children under the age of 18 years old

- family members



- your pets

Please tick YES or NO

I care for:

.....

.....

.....



Acknowledgements:

My Health Passport is based on This is my Hospital Passport by Wandsworth Community Disability Team, United Kingdom.

Thank you to everyone involved in developing New Zealand's My Health Passport.

Disclaimer:

The Health and Disability Commissioner makes the My Health Passport template available as a guide only and accepts no responsibility for the accuracy of the completed information.

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