**Eating/Drinking**

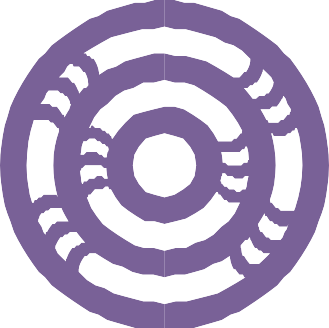
Independent  Assisted

Supervision

Describe: Click here to enter text.

**Taking medication**

Review your information when daylight saving   
occurs, or earlier if change occurs.



Independent  Assisted

Supervision

Describe: Click here to enter text.

**Travel requirements**

I make my own travel plans

I can travel alone

I can’t travel alone

I can use any transport

I need this particular transport

Describe: Click here to enter text.

**Any dependents?** *eg, pets, children*  YES  NO Describe: Click here to enter text.

**If I get upset, I might**

Get agitated and noisy

Withdraw and disengage

Present as anxious

Rock or do repetitive actions

Mumble

Make gestures

Other: Click here to enter text.

**What you could do**

Keep any direction simple

Don’t use acronyms

Talk to me

Allow me time alone to let me calm down

Call my contact person

Take me to a quiet place

Other: Click here to enter text.



# **Acknowledgements**

This document is based on

‘This is my Hospital Passport’

by Wandsworth Community Disability Team, United Kingdom.

Thank you to everyone who has been 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.



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

HDC 2023

Review your information when daylight saving occurs, or earlier if change occurs.

**Please read this document as it will help you to understand how I communicate and engage with health services.**

**For the f**

Date:

Click here to enter text.

My name is:

Click here to enter text.

I like to be called:

Click here to enter text.

My address is:

Click here to enter text.

Telephone:

Click here to enter text.

Email:

Click here to enter text.

General Practitioner (GP):

Click here to enter text.

National Health Index (NHI):

Click here to enter text.

## **What you need to know**

My disability is:

Click here to enter text.

My preferred language is:

Click here to enter text.

**For the following, tick either YES or NO:**

I need an interpreter.  YES  NO

I communicate with people using: *eg, gestures, facial expressions, pictures, telephone, texting.*

Click here to enter text.

I make my own decisions.  YES  NO

I have a legal representative.  YES  NO

Name:

Click here to enter text.

**Contact person:** Contact people can be anyone you choose, *eg, family, friend, support worker.*

Full name:

Click here to enter text.

Relationship to me:

Click here to enter text.

Telephone:

Click here to enter text.

Email:

Click here to enter text.

## **Things to know when I use services**

1. I am in pain when: *eg, I tell you, I make a particular sound, I cover or hold an area of my body.*

Click here to enter text.

1. I am allergic to: *eg, certain medications, perfume, nuts.*

Click here to enter text.

**c.** When giving me medication, please: *eg, put tablets on a spoon, tell me what I will experience.*

Click here to enter text.

1. When examining me, please:

*eg, tell me what you are doing, be aware of my catheter bag, lie me on my left side.*

Click here to enter text.

1. I have the following cultural preferences:

Click here to enter text.

1. Other things that you need to know about me when providing a health service.

Click here to enter text.

## **Other helpful information**

Tick the following as necessary:

**I don’t like**

Bright lights  Needles

Loud noise  Other

Lots of people

Describe: Click here to enter text.

**Mobility**

Independent  Assisted

Supervision

Describe: Click here to enter text.