



HEALTH & DISABILITY COMMISSIONER  
TE TOIHAU HAUORA, HAUĀTANGA

# Guide

to completing the

# Health Passport



## Guide to completing the Health Passport

This guide will help you to complete the health passport. It explains what information to give under each heading. It also gives some examples of the information that you may want to include in the passport. Please note that the examples given in this guide under various sections are for reference only and may not cover all key information that applies to you.

You may wish to take help from your support person, doctor, a therapist, or a specialist to complete certain sections of the passport.

If you are completing the passport on someone else's behalf or assisting someone in completing the passport, please make sure that you read this guide carefully and cover all the possible situations that may apply to the person.

## Section A: Things you MUST know about me

### 2. This is what I want to tell you about myself

You may wish to write here about your impairment or other health condition. You can give as much or as little information as you like. You may also wish to include information on what impact your impairment has on your ability to do things. The following examples may be of help.

- If you have been formally diagnosed with any impairment or medical condition, it may help to give that information here (for example: Down Syndrome, Asperger's Syndrome, Cerebral Palsy, Spina Bifida, Depression, Schizophrenia, Vision Impairment or Blindness, Hearing Impairment or Deafness, Parkinson's Disease, Alzheimer's Disease, Diabetes, Epilepsy, Heart condition, Hepatitis, etc).
- You may even give a detailed description of your condition or support needs, such as, I would like (or need) support with my mental well-being.
- Some people have a primary diagnosis and a secondary diagnosis or associated condition. For example: vision impairment can be a primary diagnosis and the person may also have partial hearing impairment; or autism can be a primary diagnosis associated with intellectual impairment.
- You may give information about the impact your impairment or condition has on your ability to do various everyday tasks (for example: social skills, ability to control your behaviour, ability to see things at a certain distance, ability to walk or move around, ability to speak, ability to perform daily living activities, etc).

### **3. My Communication**

#### **d) I communicate with people using:**

Please give information about your preferred way of communicating with people, including any communication equipment that you may be using. For example: I use gestures or facial expressions; I use special equipment (such as picture charts, symbols, Dynavox, digital diary, large-font prints, hearing aid, etc).

#### **e) Things you need to know when communicating with me are:**

Please give as much detail as you can about effective ways of communicating with you. This may include information such as:

- Ask me only Yes and No questions.
- I raise my head for a 'Yes' answer and shake it sideways for a 'No'.
- Speak slowly and face me when talking.
- Ask me whether I have understood you.
- Let me know if you enter or leave the room.
- Let me know where the Emergency Call Bell button is.
- Ask me to repeat if you don't understand me.
- Tap me on my shoulder to get my attention.
- Write down things for me.

Please also give information about how you use your communication equipment and how others can use the same to communicate with you. This may include information such as:

- How to turn on and off your device
- How to start over if the message is not understood the first time
- Meanings of the symbols and pictures that you use, etc.

## **4. Things to know when providing medical care**

### **a) You would know I am in pain when:**

Please give information about what you do or what happens to you when you are in pain. It may include things such as:

When I am in pain:

- I will be able to tell you
- I make a particular sound
- I start shaking my head or rocking my body, etc.

### **b) I am allergic to:**

- Please give information about any medication or drugs that you may be allergic to. If you are not sure, you may wish to ask your family doctor or family members who have cared for you.
- You should also give information about any other things that you may be allergic to (for example: pollen, perfume), including food intolerance (for example: nuts, dairy products, etc).

### **c) When giving me medication, please:**

- Please give information about any specific method that should be used to give your medication (for example: crush my tablets, give me a straw, put my tablets in my food, lie me on my left side to give any anal medication, etc). You may also give any specific instructions, such as, I have dysphagia, so please follow the swallowing guidelines that are kept on my medical file. Also write about what would happen if the correct method is not followed, for example: I may choke if my tablets are not crushed.

**d) When conducting a medical examination, please:**

- You should also give information about how health staff can do your medical tests or examination (for example: always use my left arm to take blood; don't stand in front of my wheelchair during an examination as I may spasm involuntarily and kick you; watch your fingers during dental examination as I may involuntarily bite you; please watch for my catheter bag, etc).

**e) Other things that you need to know about my medical care:**

Please give details of any other information that you think is important or may be of use for the staff to know.

## **5. Decision-making**

### **a) My legal representative is:**

If you have a legal representative such as an Enduring Power of Attorney (you can appoint one for yourself when you are competent to make your own decisions), or a Welfare Guardian (usually appointed by a court), please give that person's details here.

### **b) My advance directives can be found at:**

An advance directive is a written or oral directive — (a) by which you make a choice about a possible future health care procedure; and (b) that is intended to be effective only when you are not competent. If you have written your advance directives, the health professional may need to sight the actual document, so please give information on who has a copy of your advance directives or where the hard copy of your advanced directives can be found. For example: My advance directives can be found ... in the bottom drawer of my dressing table; in my medical file with my GP; or, my eldest son has a copy in his house, etc. If you have told someone what you want instead of writing it down, please say who you told. Do not forget to update this information if you change your mind.

(If you do not have a legal representative, you may wish to consider choosing someone you trust to be your Enduring Power of Attorney to make decisions for you should you become incompetent.)

## **6. Safety**

### **a) Things important for my physical safety:**

Please give as much information as you can about your safety needs. You may want to include things such as: always keep my bed rails raised; put my chest harness on when wheeling my wheelchair; make sure there are no sharp objects in the room; keep me under close supervision as I often try to run away or wander about, etc.

### **b) Things that upset me or cause me stress are:**

- Please give information on things that may upset you or make you feel giddy, or that may cause you to have seizures (for example: strobe lights, sudden up or down movements, loud noise, or certain colours, etc).
- You should also give information about any fears or phobias that you have (things that scare you — for example: closed windows, darkness, height, etc).

### **c) You would know that I am anxious or stressed when:**

Please give information about what you do or what happens to you when you are anxious or stressed. It may include things such as:

- I make a particular sound.
- I start shaking my head or rocking my body.
- I start biting myself.
- I start banging my hands.
- I sit in a corner.

**d) Things you could do to help me settle down are:**

Please give as much information as you can on what helps you to calm down when you are distressed, including any other specialist support that you might need. It may include things such as:

- Give me my 'as and when needed' (PRN) medication.
- Play my favourite CD.
- Gently move your fingers in my hair.
- Take me out for a walk.
- Leave me alone for five minutes, making sure that there are no sharp objects in the room.
- Immediately call my parents or a specific support organisation, for example, Mental Health Crisis Intervention team or the police.

## Section B: Things that are important to me

### 7. Moving around

#### a) I move around using:

Please give detailed information about how you move around, including any special aid or equipment that you may use. This may include information such as: I use a manual or powered wheelchair; I can walk with the support of a wall; I can see only up to a certain distance; I cannot turn on my right side; I use a hoist for transfers; I have a guide dog; I use a special toilet/shower chairs, etc.

#### b) Things you need to know when supporting me to move around:

Please give as many details as you can about effective ways of supporting you to move or transfer and find your way around. This may include information such as:

- When I want to go to bed at night, you can support me by helping me to lie on one side and then help me change sides every two hours as I might get pressure sores.
- When I want to move from a bed to a chair, you can support me by moving my chair as close as possible to the bed and rolling me over on one side and sitting me up. I can manage the rest myself.
- I need to be familiar with my room, so please take me around the room explaining what is kept where, letting me know of any obstacles or potential hazards in the room that I should be aware of. Please do not move things around without informing me.

Please also give information about how you use your mobility aid and equipment, and how others can use the same to support you. This may include information such as: how to turn on and off your equipment; how to tilt the chair; where to leave your glasses when you have gone to bed; your dog's name; and requests such as, please put my power wheelchair on charge at night, etc.

## **8. Daily activities**

Please give as many details as you can about the support you may need with various activities. For example, this may include information such as:

### **Activity: Dressing**

*I can:* put on my shirt.

*You can support me with:* Please button up my shirt for me.

*Things to be aware of:* Watch out for my hands as I may involuntarily hit you.

### **Activity: Eating & Drinking**

*I can:* open my mouth and chew semi-solid food.

*You can support me with:* Please thicken my liquids using a thickener, and soften all hard food by churning it to a yogurt-like consistency before feeding me using a soft spoon.

*Things to be aware of:* Make sure that I am sitting upright when eating; be mindful of your fingers as I may involuntarily bite you; and, I may choke if the food is not churned well.

## Section C: Other useful information

### c) My religious needs:

Please give as many details as you can about your specific religious needs. This may include information such as: I do karakia before eating meals; I eat only Halal meat, etc.

### d) My cultural needs:

Please give as many details as you can about your specific cultural needs. This may include information such as: I prefer to be examined by a woman doctor; I eat my meals before sunset, etc.

### e) Other information:

Please give any other details that may help the hospital staff to work with you. This may include information such as: When you bring my meal, please let me know where you have put it and what's in it; please be aware that I have false teeth and I keep them next to my bed in a container, etc.

## Section D: Updates

This section does not need to be completed the first time. If your situation or support needs change after you finish completing the passport, please cross out the original details from the appropriate section of the document and provide the updated information here. It may include information such as:

- I cannot weight-bear any longer so I need full support for all physical transfers.
- I have a new wheelchair that tilts back. Press the up and down arrow on the front panel to tilt the chair back and forth.
- My support agency has changed. The name of the new agency and primary caregiver are ...



To provide feedback on the design and format of the passport guide, please contact:

Health & Disability Commissioner

PO Box 1791, Auckland 1140.

Free Phone: 0800 11 22 33; Fax: 09 373 1061

Email: [healthpassport@hdc.org.nz](mailto:healthpassport@hdc.org.nz)

Website: [www.hdc.org.nz](http://www.hdc.org.nz)



HEALTH & DISABILITY COMMISSIONER  
TE TOIHAU HAUORA, HAUĀTANGA