



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



My Health Passport



Please make sure I take
My Health Passport with me
when I leave

How to fill in this document



This is your My Health Passport.

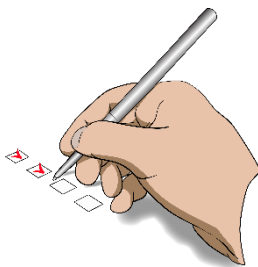


The information you put in My Health Passport tells people who work in health and disability things about you when you visit them.



It has:

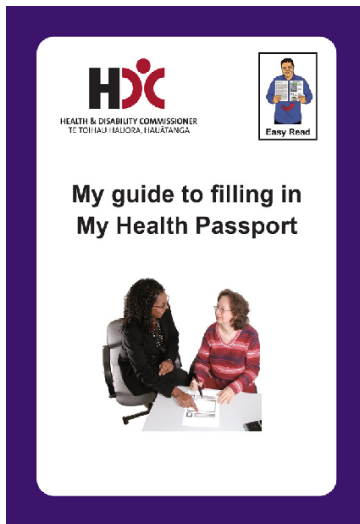
- boxes for you to write information in
- places for you to put a tick by your answer.



It is okay to leave some boxes empty if you do not have the information.



You might want someone to support you to fill in your My Health Passport.



For more information there is an Easy Read document called:

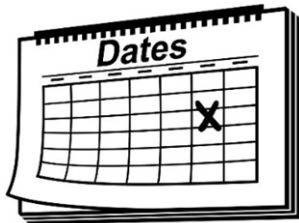
A guide to filling in My Health Passport.

You can read the guide at this website link:



www.hdc.org.nz/disability/easy-read-resources

Who I am



Write the date when this My Health Passport was filled in:



My full name is:



Please call me by this name:



My address is:



My home phone number is:



My mobile number is:



My email is:



The full name of my GP is:



A **GP** is the doctor you mostly go to first when you need health care.



My **NHI – National Health Index** number is:



You can find your **NHI** number on:

- a prescription
- your My Health Account.



If you do not know your NHI number you can leave the box empty.

What you need to know



My disability or disabilities are:



The language I use is:



Tick the box that is right for you.



☐ Yes

☐ No



Tick the boxes that is right for you.



I can communicate / tell you about myself by:

☐

talking

☐

moving my body like nodding or pointing

☐

New Zealand Sign Language / NZSL

☐

pictures

☐

mobile phone / texting

☐

something else – write what this is in the box below.



Tick the box that is right for you.



I would like to make my own decisions.

☐ Yes

☐ No



I would like support to make decisions in these ways:

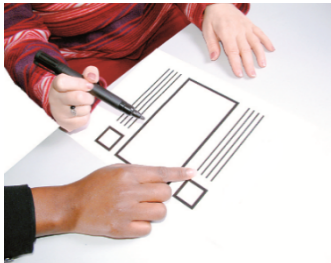


I have a **legal representative**.

A **legal representative** is someone you have chosen to make decisions in your best interest for you.



The full name of my legal representative is:



You can leave this box empty if you do not have a legal representative.

My contact person



A **contact person** is someone who can:

- answer questions if needed
- be given information
- support you to make decisions
- support you in case of an emergency.

The full name of my contact person is:



My relationship to my contact person
is:



Their phone number is:



Their mobile number is:



Their email is:

Cultural needs



I have some **cultural** needs.



Here **cultural** means something that is important to people in your culture / group.



Tick the boxes that are right for you.

☐ I need my doctor to be a woman

☐ I need my doctor to be a man

☐ I need my family to be with me all the time if that is possible

☐ something else – write what this is in the box below.



Things to know when I use health and disability services



Tick the boxes that are right for you.

I am in pain when:

☐

I tell you

☐

I make a type of sound

☐

I cover a part of my body

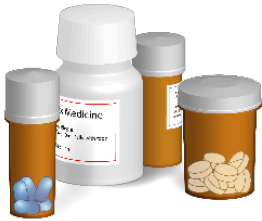
☐

I hold a part of my body

☐

something else – write what it is in the box below.





I am **allergic** to:

A large empty rectangular box for writing the allergen.

Being **allergic** is when your body has a bad reaction to something like:

- medicine
- food
- pollen / flowers
- strong smells like perfume.



Tick the boxes that are right for you.

When you give me medicine please:



☐ 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

☐ something else – write what this is in the box below.





Tick the boxes that are right for you.

When you are looking at things on my body please:



☐ tell me what you are doing

☐ be careful of my catheter bag

☐ let me choose which side I lie on

☐ something else – write what this is in the box below.



Physical safety



Tick the box that is right for you.



I need support to move around.

☐ Yes

☐ No



If you chose yes write more
information in the box below.



When you are helping me:

☐ make sure my wheelchair belt is on

☐ make sure I have a chair in the shower

☐ make sure my bed rails are up

☐ something else – write what this is in the box below.



Everyday things



I need support with:

☐

using the toilet

☐

showering or bathing

☐

dressing and undressing

☐

washing hands

☐

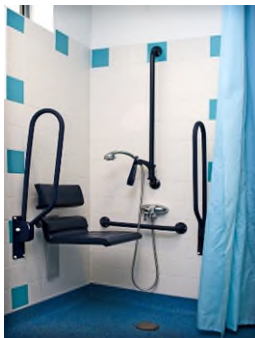
brushing my teeth

☐

brushing my hair

☐

something else – write what this
is in the box below.



Eating and drinking



I need support with:

☐

eating

☐

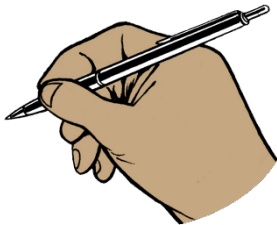
drinking

☐

remembering to eat or drink

☐

something else – write what this
is in the box below.



Sleeping



For sleeping I need support with:

☐

medication

☐

a bed rail

☐

water before I sleep

☐

lights on

☐

lights off

☐

no noise

☐

white noise

☐

something else – write what this
is in the box below.



How you can support me



Tick the boxes that are right for you.



Things that might upset me are:

☐

bright lights

☐

loud noises

☐

some textures

☐

not enough information

☐

something else – write what this is in the box below.





Tick the boxes that are right for you.

If I get upset I might:



☐ become angry / loud

☐ not look people in the eye

☐ rock back and forward

☐ mumble

☐ something else – write what this is in the box below.





Tick the boxes that are right for you.



Things you can do to support me to feel less upset are:

☐

talk to me

☐

give me some time alone

☐

call my contact person

☐

take me to a quiet place

☐

something else – write what this is in the box below.





I care for / support other people.

This could be:



- children under the age of 18 years old
- family members
- pets.



Tick the box that is right for you.



☐ Yes

☐ No



If you chose yes write in this box who you care for.

About the My Health Passport - Disclaimer



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



This My Health Passport is a guide
only.



The Health and Disability
Commissioner accepts no
responsibility for how accurate the
completed information is.

This information has been written by the Health and Disability Commissioner.

This Easy Read was made in consultation with the Make it Easy Kia Māmā Mai service of People First New Zealand Ngā Tāngata Tuatahi.

The ideas in this document are not the ideas of People First New Zealand Ngā Tāngata Tuatahi.

Make it Easy uses images from:

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HDC 2025