

Taking medication:

- Independent Assisted
 Supervision

Describe: _____

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

Any dependents?

--	--

(e.g. Pets, school children)

_____ Yes | No _____

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: _____

What you could do:

- Keep any direction simple
 Don't use acronyms
 Talk to me
 Allow me time alone
 Let me calm down
 Call my contact person
 Take me to a quiet place
 Other: _____

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



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

Acknowledgements:

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

Thank you to everyone who has been involved in the development of the second generation of New Zealand's 'My Health Passport' including People First for the development of the easy-read version, and the Wellington Region DHBs Disability Responsiveness Team working group.

The first generation of 'My Health Passport' was completed in 2011 by Samantha Dalwood, Disability Advisor for Waitemata District Health Board, and Hemant Thakkar, former Disability Initiatives Manager for the Health and Disability Commissioner, along with the input and support of many others.

Disclaimer:

The Health and Disability Commissioner and the Capital & Coast, Hutt Valley and Wairarapa District Health Boards make this health passport template available as a guide only and accept no responsibility for the accuracy of the information completed in the "My Health Passport".

My Health Passport

(Second generation express version)

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



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

My name is: _____

I like to be called: _____

My address is: _____

Telephone: _____

Email: _____

GP: _____

NHI:

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

What you need to know

My disability is: _____

My preferred language is: _____

For the following circle either YES or NO

I need an interpreter?

YES	NO
-----	----

I communicate with people using: (e.g. gestures, facial expressions, pictures, cell-phone, and texting.)

I make my own decisions?

YES	NO
-----	----

I have a legal Representative?

Name: _____

Contact person: (Contact people can be anyone you choose, e.g. family member, friend, support worker.)

Full Name: _____

Relationship to me: _____

Telephone: _____

Email: _____

Things to know when I use services

a. I am in pain when: (e.g. I tell you, I make a particular sound, I cover or hold an area of my body)

b. I am allergic to: (e.g. certain medications, perfume, nuts.)

c. When giving me medication, please: (e.g. Put tablets on a spoon, tell me what I will experience.)

d. When examining me, please: (e.g. tell me what you are doing, be aware of my catheter bag, lie me on my left side.)

e. I have the following cultural preferences:

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

Other Helpful Information

(tick the following as necessary)

I don't like:

- | | |
|--------------------------------------|-------------------------------|
| <input type="radio"/> Bright lights | <input type="radio"/> Needles |
| <input type="radio"/> Loud noise | <input type="radio"/> Other |
| <input type="radio"/> Lots of people | |

Describe: _____

Mobility:

- | | |
|-----------------------------------|--------------------------------|
| <input type="radio"/> Independent | <input type="radio"/> Assisted |
| <input type="radio"/> Supervision | |

Describe: _____

Eating/Drinking:

- | | |
|-----------------------------------|--------------------------------|
| <input type="radio"/> Independent | <input type="radio"/> Assisted |
| <input type="radio"/> Supervision | |

Describe: _____