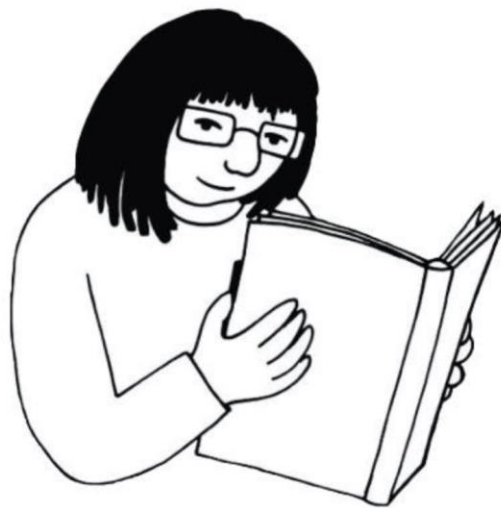




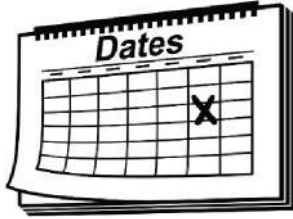
Health and Disability Commissioner
Te Toihau Hauora, Hauātanga



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 circle YES or NO:

YES	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 circle YES or NO:

YES	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 circle YES or NO:

YES	NO
-----	----



The name of my legal representative is:

7. My contact person:



Full name:

Relationship to me:



Telephone number:



Mobile number:



Email address:

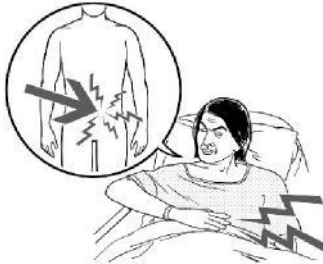


Things to know when I use services



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 medicines
- 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 medication

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 circle YES or NO:

YES	NO
-----	----

If **YES** write more information here:



5. I need support to travel:

Please circle YES or NO:

YES	NO
-----	----

If **YES** write more information here



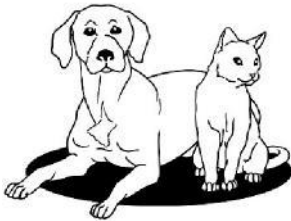


6. I care and support other people

This could be:



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



Please circle YES or NO:

YES	NO
-----	----

I care for:



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Acknowledgements:

This document is based on original work called "This is my Hospital Passport" by the 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.

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