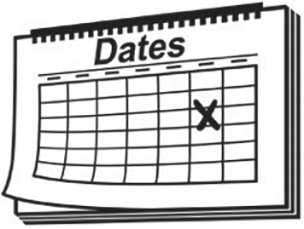


My Health Passport

Please ensure I take

My Health Passport with me when I leave

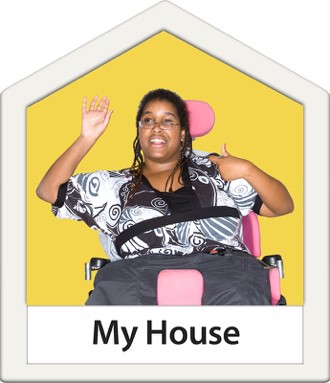
**Date when this My Health Passport was filled in:**

**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:**



**NHI: ABC1234**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

If you do not know your NHI number you can leave this section blank.

1. **My disability is:**

**What you need to know**

1. **The language I use is:**
2. **I need an interpreter:**

**Please tick YES or NO**

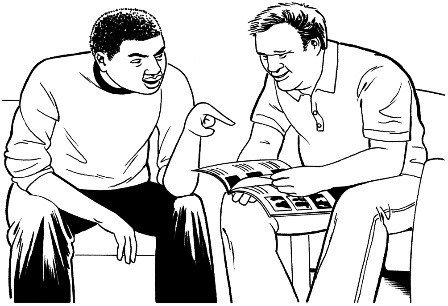
1. **I communicate with people by:**

( as many as you like)

Talking

Gestures like nodding head or pointing

New Zealand Sign Language

Pictures

Mobile phone / texting

Other:

1. **I can / would like to make my own decisions.**

**Please tick**

1. **I have a legal representative.**

**YES or NO**



A **legal representative** is someone who has been given the role of making decisions for you in your best interest.

**Please tick YES or NO**

The name of my legal representative is:

1. **My contact person:**

Full name:

Relationship to me:  Telephone number:

Mobile number:

Email address:

1. **I am in pain when:**

**Things to know when I use services**

( as many as you like)

I tell you

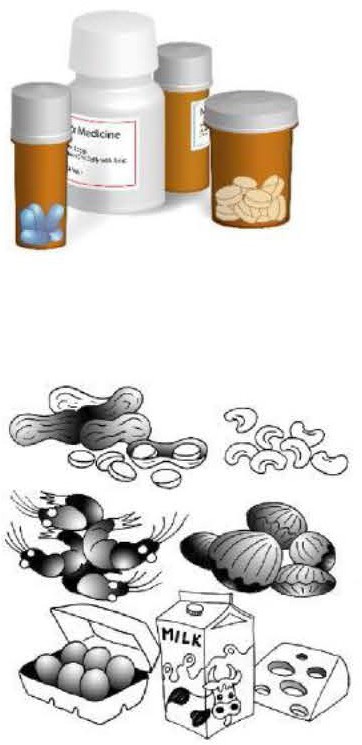
I make a certain sound

I cover an area or part of my body

I hold an area or part of my body

Other / more information:

1. **I am allergic to:**



**Allergies** are when a person’s body has a bad reaction to something they

have:

**•**

taken like some medicine

**•**

eaten like nuts or fish

**•**

been around like pollen or

perfume.

1. **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 medicine

Other:

1. **When you are looking at things on my body please:**

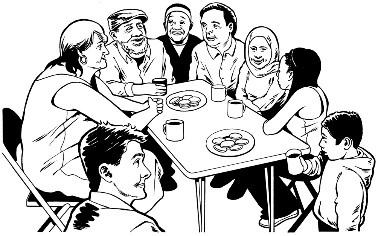
( as many as you like)

Tell me what you are doing

Be aware of my catheter bag

Lie me on my left side only

Other:

1. **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:

1. **Other information you need to know when giving me health services:**
2. **Things that may upset me or make me anxious are:**

**Other helpful things to know about me**

( as many as you like)

Bright lights

Loud noise

Lack of information

Other:

1. **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:

1. **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:

1. **I need support to move around:**

**Please tick YES or NO**

If **YES** write more information here:

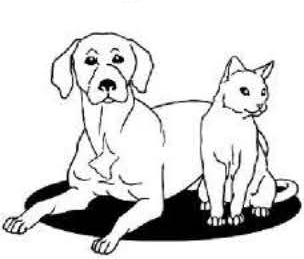
1. **I need support to travel:**

**Please tick YES or NO**

If **YES** write more information here:

1. **I care and support other people**

**This could be:**

* + children under the age of 18 years old
  + family members
  + your pets

**Please tick YES or NO**

I care for:





**Acknowledgements:**

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

Thank you to everyone 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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HDC 2023

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