



**ST. VINCENT'S
UNIVERSITY HOSPITAL**
Elm Park



Patient Passport

This booklet will assist you to get to know and support me during my stay

My name is:

Please bring this book with me; it gives important, valuable information about me and how to care for me.

The "Patient Passport" book should be completed by the person/people who know me the best and where possible involve me. It is not a medical document.

This book belongs to me. Please return it when I am discharged



Please attach your favourite photo here.

ABOUT ME



Name I like to be called:



My birthday is:

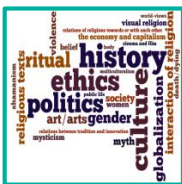


I live in:



My family, my friends, my pets:

MY BACKGROUND



My cultural, religious and spiritual beliefs:



My jobs and my interests:



Favourite places I have visited:

MY ROUTINE



Things I might want help with:



How I behave when I am distressed/worried and what makes me feel better:



How you know I am in pain:

MY PERSONAL HABITS



How I take my medication (whole tablets/tablets halved/crushed tablets/liquid/injection):



How I eat and what food I like/dislike (type of diet/assistance required):



How I drink and what I like/dislike (thickened fluids/assistance required):



How I use the toilet (toilet/continence wear/commode/bed pan):



How I complete my personal care (washing/dressing): Glasses Dentures Hearing aid



How I get around (walking aids/suitable seating):



How I sleep (pattern/routine):

