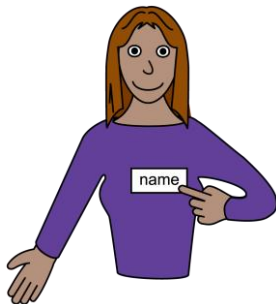


Hospital Assessment

**Really important information you
need to know about me**



My Name is:

.....
If I have to go to hospital this book needs to go
with me, it gives hospital staff important
information about me.

It needs to be at the end of my bed and a copy should be put in
my notes.

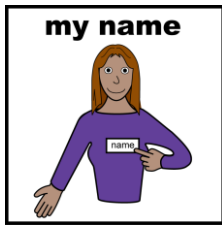
This passport belongs to me. Please return it when I am
discharged.

Please read my Traffic Light Hospital Assessment
- it will only take a few minutes!

My carers would be happy to answer any questions.
You can ring them on:.....

red - alert

Things you must know about me



Name:

Likes to be known as :



NHS Number:



Address:

Tel no:

Date of Birth:



Doctors address:

Next of Kin:
Relationship:



Tel no:



Religion:

Requests:



Key worker/main carer:

Relationship:

Tel no:



Professional involved:

Tel no:

red -alert
Things you must know about me

Allergies:

Current medical conditions/medical history (including heart/respiratory problems)

Current medication : ppp

Medical Interventions:

how to take my blood, give injections, take temperature, medication, BP etc

Eating & Drinking issues/ swallowing difficulties/choking:

Behaviours that may be challenging or cause risk:

Support needs (what is needed and who will provide this)

Please consider consent issues (Mental Capacity Act 2005)

Completed by:

Date:

amber - alert

Things that are really important to me

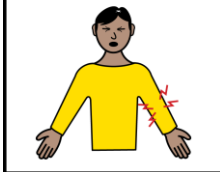
communication



Communication:

How to communicate with me
Problems with sight or hearing
How to help me understand things

pain



Pain :

How you know I am in pain

medication



Taking medication:

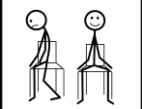
Crushed tablets, injections, syrup, peg

drinks



Drinking and Eating (swallowing issues):

postural care



Moving around:

Posture in bed, walking aids etc.

amber - alert

Things that are really important to me

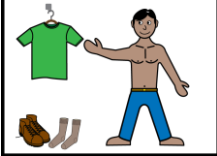
toilet



Going to toilet:

Continance aids, help to get to toilet.

dressing



Personal care:

Dressing, washing etc.

sleeping



Sleeping:

Sleep pattern, sleep routine

safe



Keeping safe:

Completed by:

Date:

green - alert
Things I would like to happen.
Likes and Dislikes



Things I like
Please do this:



Things I don't like
Don't do this:

Completed by:

Date:

Notes

A large, empty, rounded rectangular area with a dotted border, intended for writing notes. The area is white and occupies most of the page below the title.