

Please read, this passport contains important information about me.

This passport needs to be kept at the end of my bed, and a copy should be kept in my records.

This health appointment passport should be completed by you (the person this passport is about) and the people who know you best.

By filling in these details you are consenting (saying yes) to your information being shared with the staff who are caring for you.

# Mental Capacity Act 2005

Please note the MCA applies from 16 years old.

**Never assume I lack capacity,**

if unsure undertake a capacity assessment using the

trust template, before making any decisions on my behalf.

**If it has been assessed that I lack capacity to make a specific decision**

about my

care or treatment a

**formal, best interest decision**

must be made and documented

on the trust template. This decision should be made with the people who know

me well.

**The principles of the mental capacity act (2005) are applicable from age**

**16**

**years.**

Name of the person who should be consulted and involved in the

capacity assessment and best interest decision process:

Relationship:

Contact phone number:

If treatment or physical intervention is needed has this been

agreed in the best interest and recorded accordingly?

(

Please select one

)

Yes

No

Date agreed:

If physical intervention (e.g. for a blood test to be taken) is required during my stay

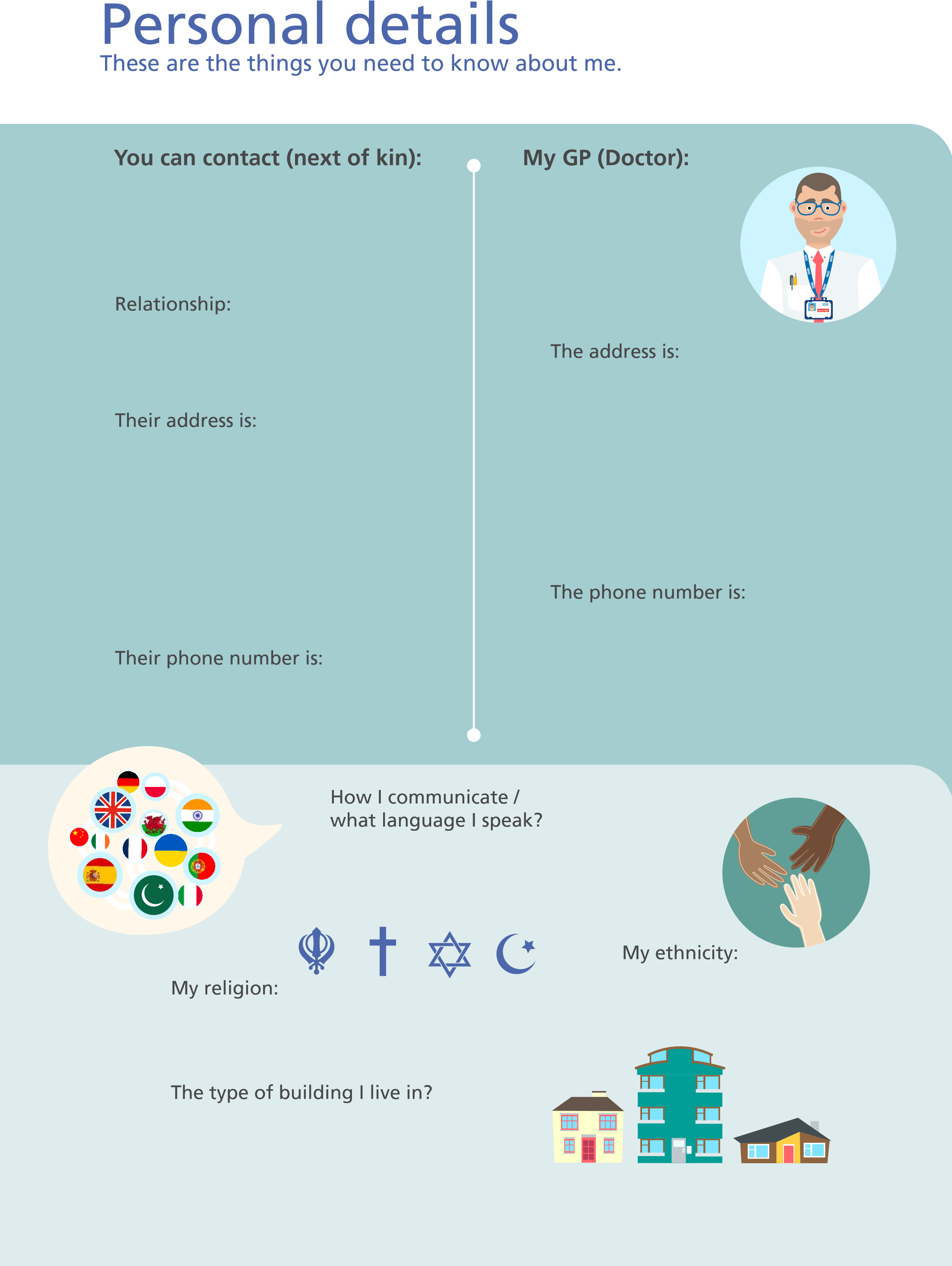
in hospital my family and or carers need to consider how this can be implemented

and recorded.

All physical intervention plans should be shared with staff prior to or during the

admission process.

**Staff will not engage in physical intervention unless the safety of the patient or**





# 

Things I like:

(

Please do these things

)

Things I don’t like:

(

Don’t do these things

)

My allergies:

The PRN (taken when needed)

medication I am taking:

The regular medication I am taking:

How I take my medicine:

How I show pain or discomfort:

Has a pain assessment

been considered?

yes

no

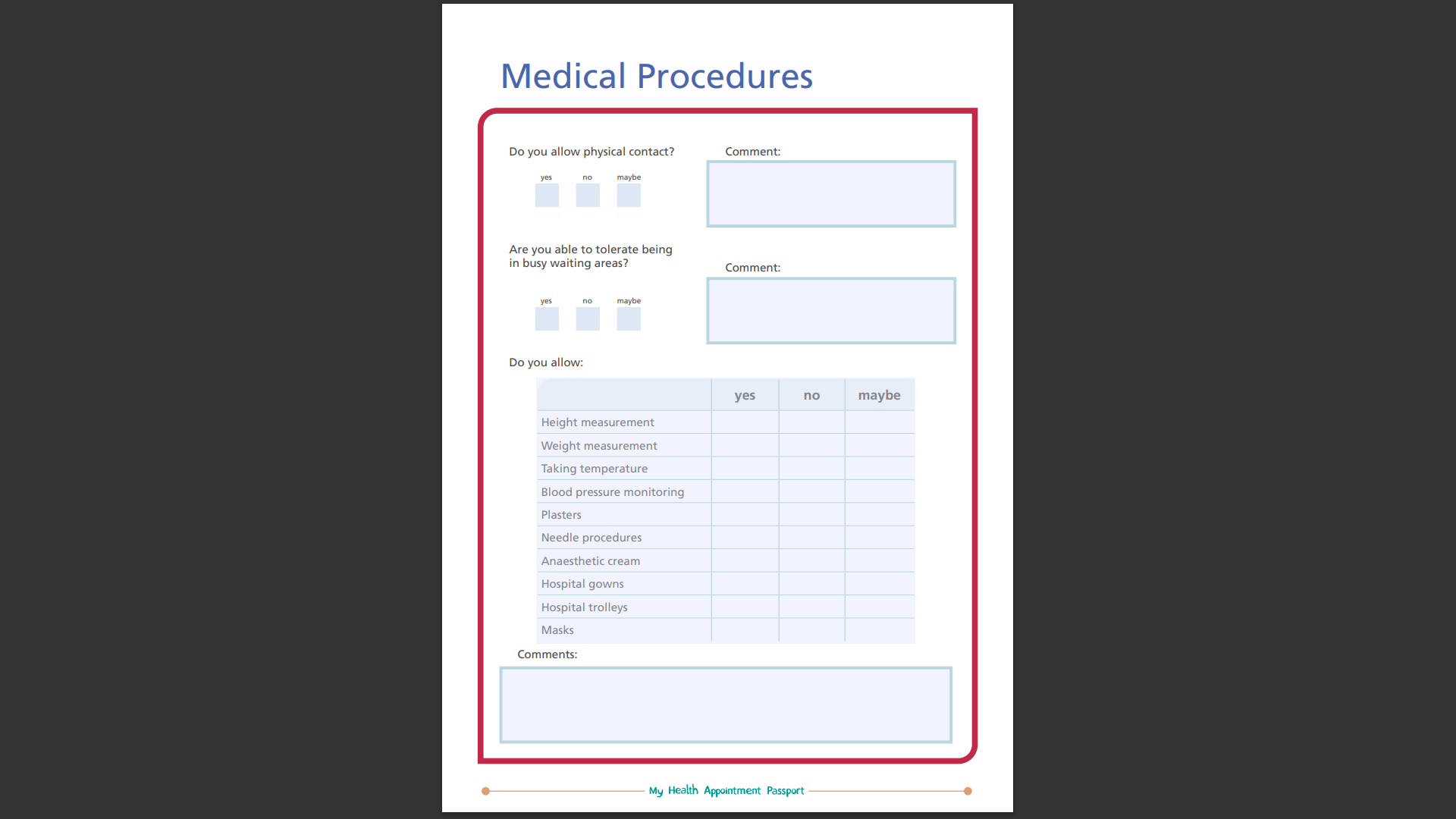
Any issues with my heart or any

breathing problems?

Skin conditions/ skin integrity

information:

People involved in my care



# Reasonable Adjustments

How can staff help you?

Keep loud noise to a minimum where possible

I need to be in a quieter area

Give me time to process information

Explain what is happening - without medical jargon

Help me with filling forms and reading information

Having someone with you

Other:

yes

no

List any sensory requirements you might need:

e.g. lighting, noises, strong smells, touch

Notes

**Review date:**

August 2022

**Next review date:**

August 2024