

My Healthcare Passport

Name:

Date written:

My parents'/ carers' names:

My medical conditions:

I take these medications:

If I have to take medication I have it like this:

Tablets - whole

Liquid - in a syringe

Tablets - broken

Liquid - on a spoon

Tablets - crushed in _____

Liquid in _____

I communicate by:

Speaking

Signing

Using symbols

Gestures & facial expressions

Communicate with me by:

Using clear, short sentences

Single words only

Symbols

I find it difficult to:

Sit still

Be held

Wait

Be quiet

Other:

When I am happy/ok I usually:

Smile/laugh

Jump

Climb

Make noises

Run around

Flap my hands/arms

Other:

Please talk to me about:

Lego

Football

Disney

Minecraft

Food

Other:

Written by: