# My stickers

#### For family and friends

How would you like to be involved in the care planning of your child or friend?

Is there anybody else we should be in touch with? Please leave their name, number and relation to you here:

### If you would like this information in another language or format such as EasyRead or Braille, please telephone the number below or email equality@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔ ते उमीं ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ। اذا کنت تر غب فی الحصول علی هذه المعلومات بلغةِ أخری، الرجاء الاتصال علی رقم الهاتف الذي يظهر فی الأسفل Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu જો તમને અન્ય ભાષામાં આ માફિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

## 0116 250 2959

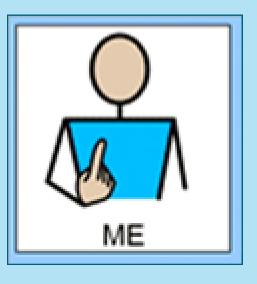
We welcome your feedback on the All About Me patient passport. Please contact Matron Liz James on <u>liz.james@uhl-tr.nhs.uk</u> or 0116 258 6695. Tell us what can be improved!

> Image on front of passport produced and copyrighted by Widgit https://www.widgit.com/index.php



University Hospitals of Leicester

# All About Me Patient Passport



# hello my name is...



## **KEY INFORMATION**

My name is:	Please call me:
My date of birth is:	I have a long term health condition,
Today's date is:	it's:
The languages I understand and/or speak:	Other ways I communicate are:
Somebody else is completing this for me. Their name and relation to me	I do / do not take medication, it is:
is:	I will only take medication if:

The school/nursery I am at is:

How I communicate and express my needs (do you use aids?):

Things that help me settle:

How I normally get about:

Things that upset me:

I am sensitive to (do you use aids?):

You will know I am in pain, anxious, hungry or tired if:

I will / will not need help going to the toilet

It is sometimes / never okay to hold me

I also want you to know:

## COMFORT

I enjoy the following drinks:

I will only drink this YES / NO

I dislike the following drinks:

I dislike the following foods:

The place I like to eat is:

I do / do not need help eating meals. This is what helps me:

I have the following spiritual and cultural needs:

I also want you to know:

When you come to see us at Leicester Children's Hospital, please bring along:

- This All About Me Patient Passport
- All medication that you're taking (in the packaging it comes in)
- Any communication aids that you use (like picture boards, symbols, etc.)
- $\checkmark$ Any sensory aids that you use (like hearing aids, glasses, noise defending ear phones)

We look forward to seeing you!

I enjoy the following foods:

I will only eat this YES / NO

My mealtimes are: