

COVID 19 Hospital Passport

If anybody you support needs to come into hospital, please bring this sheet with them along with their hospital passport.



Name:

Next of Kin / Care Provider Contact:



Date of birth:



GP Contact Details:

Someone who knows me well (this should be someone that we can talk to about your care and treatment)

Name:

Relationship:

Telephone number:

Any Breathing Issues:

Allergies:

Medical conditions:

My medication and how I take it?



Physical observations (what support would I need to have my blood pressure, temperature, blood test or swab taken?)

I communicate by:



I will let you know I am in pain by:



Things that I like or would distract me if I am upset or anxious:



I will need help with (personal care, eating, drinking etc)



What was my last temperature check?



Date:

Time:

If I have a new cough, when did it start?



Have I had contact with a person with a new cough or fever?



Have I had any change in skin colour?



