

## My stickers

Collect your stickers here when you come to visit us!

### For family and friends

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

Are there any particular areas of care planning that you would most like to be involved in, such as medication, comfort measures, or more? Please note them here.

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

Is there anybody that is usually involved in helping your child's care or day to day routine that might come along to hospital with you? Please leave their name, contact details and relation to you here e.g. friend, teacher, grandparent

#### 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](mailto:equality@uhl-tr.nhs.uk)

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
نے बुर्मी ँव नऱवकऱी वऱमे वेर डऱसऱ वऱव चऱरुंटे वे, डऱ वऱरुडऱ वऱरवे वेठऱ सऱंते गऱटे नऱवऱर 'डे टऱसऱडेन वऱटे।  
إذا كنت ترغب في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu  
જો તમને અન્ય ભાષામાં આ માહિતી 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 [liz.james@uhl-tr.nhs.uk](mailto:liz.james@uhl-tr.nhs.uk) 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>

## All About Me Patient Passport

You can put a picture of yourself or whatever you like on top of the picture of me!



## Guidance

### Why have I been asked to fill this in?

You have been asked to fill this in because it contains information that allows us to respond to your needs and understand you better. It will mean we can avoid certain things if they will upset you, and we can do certain things to make you feel more comfortable.

### How will this information be used?

Staff at Leicester Children's Hospital who are involved in your care will look at this passport when they are caring for you. If it's okay with you, we will also keep a copy for ourselves.

We might not be able to accommodate everything on the passport, but it helps us know what we can do to help where possible.

### What shall I do with it?

Please bring this with you whenever you visit Leicester Children's Hospital and hand it into the person your appointment is with. It might also be helpful to share this with any other health professionals that you meet, such as your GP or community nurse.

This is your passport so please do update it whenever you feel is needed and when things change. If you do update it, please tell Leicester Children's Hospital staff when you see them at your next appointment so we can update our copy too.

We look forward to seeing you at Leicester Children's Hospital!

## KEY INFORMATION

**My name is:** What is your full name?

**My date of birth is:** What is your date of birth?

**Today's date is:** What's today's date?

**The languages I understand and/or speak:** e.g. English, Gujarati, Polish

**My religious and cultural needs are:** Is there anything we should know about to meet these needs, e.g. somewhere for prayer

**Somebody else is completing this for me. Their name and relation to me is:** If not the patient, who is completing this form and how are they related to you?

**Please call me:** What do you like to be called?

**I have a long term health condition, it's:** e.g. autism, diabetes etc.

**Other ways I communicate are:** e.g. sign language, pictures, or other ways? Do you use equipment?

**I do / do not take medication, it is:** Please circle the right answer

**I will only take medication if:** e.g. only liquid medicine or with certain food/drink

**I will / will not need help going to the toilet** Please circle the correct option

**It is sometimes / never okay to hold me** Please circle the correct option. Sometimes gentle holding is used to help with certain procedures and prevent harm to children, carers and staff

## COMFORT

**I enjoy the following drinks:**

Which drinks do you like?

**I will only drink this YES / NO**

Please circle the correct option

**I enjoy the following foods:**

Which foods do you like?

**I will only eat this YES / NO**

Please circle the correct option

**I dislike the following drinks:**

Which drinks don't you like?

**My mealtimes are:** What times do you usually eat breakfast, lunch and dinner?

**I dislike the following foods:**

Which foods you don't you like?

**I do / do not need help eating meals. This is what helps me:** Please circle the correct option. Is there anything we can do to help during mealtimes?

**The place I like to eat is:** Do you have a favourite place to eat or have certain needs for where you eat e.g. somewhere quiet, at a table

**I also want you to know:** Is there anything else you want us to know?

## COMMUNICATION AND CARE

**The school/nursery I am at is:** This helps us know what kind of support you are used to

**How I communicate and express my needs (do you use aids?):** How will you let us know when you want or need something, or if there is something we should know?

**Things that help me settle:** If you become distressed, what helps you calm down? What can we do to help you?

**How I normally get about:** Do you use a walking aid like a stick or a wheelchair? Does somebody usually help you get about?

**Things that upset me:** What tends to upset you? What do you want us to avoid doing when we are with you?

**I am sensitive to (do you use aids?):** Are you sensitive to touch, texture, noise, smell or anything else that we should know about? Do you use sensory equipment like lights or weighted blankets to help you?

**You will know I am in pain, anxious, hungry or tired if:** Are there certain things you do or say when you are feeling any of the above? This might be through words, actions or any other way you use

**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.)
- ✓ Any sensory aids that you use (like hearing aids, glasses, noise defending ear phones)

**We look forward to seeing you!**