



My Next Patient has a Learning Disability



Traffic Light Hospital Assessment



Important information about me



This form gives hospital staff important information about you.



Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.



Make sure that all the nurses who look after you read it.

A carer, family member or advocate could help you to fill in this form.

Completed by .....

Signed .....

Telephone number .....

Date completed .....

Patient's NHS No. ....



# Important information you should always know about me

My name: \_\_\_\_\_  
I like to be known as: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

My Doctor/GP: \_\_\_\_\_  
My Doctor's/GP's Address: \_\_\_\_\_

My next of Kin: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

My support (or key) worker's name is: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

My Religion: \_\_\_\_\_  
Religious requests: \_\_\_\_\_

## **My medication and medical history**

Allergies: \_\_\_\_\_  
Current medication: \_\_\_\_\_  
Current medical conditions: \_\_\_\_\_  
My medical history: \_\_\_\_\_  
Heart problems: \_\_\_\_\_  
Breathing or respiratory problems: \_\_\_\_\_  
Choking: \_\_\_\_\_



# What you should know about my communication and care

**My communication.** How you can: communicate with me, help me understand, know that I am in pain and help me feel better about medical treatment.

**Levels of support.** Who needs to stay with me and when, my personal care (dressing, washing), how I go to the toilet (continence aids, help to get to the toilet) and how you can help to keep me safe (bed rails, supporting behaviours).

**About my care.** My sight and hearing (any impairments or problems), how I eat and drink (swallowing, food cut up, help with feeding, small amounts), how I take medication (crushed tablets, injections, syrup, syringe), how I sleep (sleep routine) and how I move around (posture in bed, walking aids).



# Supporting my decisions

How you can help me to feel happy and safe



## What I like

What makes me happy? .....

What do I like to do? (games, TV, music, friends) .....

How do I want people to communicate with me? .....

What do I like to eat and drink? .....

What makes me feel safe? .....



## What I don't like

What makes me sad? .....

What don't I like to do? .....

How don't I want people to communicate with me? .....

What don't I like to eat and drink? .....

What makes me feel unsafe? .....