

NO LiMiTS

Helping Young People
Help Themselves



MY HEALTH PASSPORT

First name

Last name

Preferred name

Date of birth

Language

Document updated

My information



Emergency contacts

Name

Relationship to me

Phone number

Language

Name

Relationship to me

Phone number

Language



Identity

Religion

Ethnicity

Religious or spiritual needs

Neurodivergence and mental health conditions

[illegible]



Services I am working with

Service	Name and role	Contact
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.....		
.....		
.....		
.....		



How I communicate

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Accessibility needs

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Medical and support



Medical details

Registered GP surgery

NHS number



Medications

Medication	Dosage	How I take it
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.....		
.....		
.....		
.....		



How to take my blood, give injections, check blood pressure etc

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Allergies

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Current support I am getting

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If I am anxious, you can help me by

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I show signs of being in pain by

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About me ---



Things that are important to me



I find things challenging when



Things staff can do to help me
feel supported and safe



Notes

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