

Hello.

My name is:

place photo of patient

My Patient Passport.

Please read if you are caring for my health.

This passport gives hospital staff important information about me and my health conditions. It belongs to me.

Created by the National Quality Forum's Patient and Family Engagement Action Team



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Guide notes/

Using the *Patient Passport*

This passport has been designed to help patients communicate their needs when they enter the hospital. Patients, and caregivers of the patient, should complete the passport before a hospital visit. Some parts of the passport can be filled out during the hospital visit.

The *Patient Passport* is not intended to replace a Personal Health Record or Medical Health Record. It may be copied from and shared with other health professionals in the hospital. It should be given back to the patient after it is read or copied from, since it belongs to the patient.

The goals of the passport are to help patients do the following:

Have a conversation with health professionals in the hospital, rather than just answering their questions

Communicate their most important needs and concerns, such as a disability, allergy, or desire to have a family member close by

Answer fewer repeat questions

Prepare mentally and emotionally for their hospital visit, and prepare their family and caregivers as well

The goals of the passport are to help health professionals in the hospital do the following:

See the patient as a human being, and treat them with dignity and kindness

Have more accurate, real time information about the patient's health, lifestyle, goals, particular needs, etc.

Talk to the patient, and listen, rather than only having time to ask questions

Reduce preventable errors, since engaged patients and their family/caregivers are a valuable extra pair of eyes and ears in the hospital

To read more about patient safety and the importance of engaging patients and families in their care, go to <http://www.npsf.org/for-patients-consumers/>.

Triage /

Hospital Staff
Please Read

Patient Passport for:

I have been diagnosed with the following condition(s):

**Page 4 contains contact info for my doctor(s)/health care team*

My current medication list is inside this pocket.

My name

My birth date

My address

My phone number

My preferred language

Things I always need with me (glasses, hearing aids, dentures)

I have a religious preference: Yes No
This means I would like:

People who need to be contacted (family, care givers)

I am allergic to:

I have a disability or impairment:

I have a care plan Yes. *Please see page 12 for where I keep my plan.*
 No

My signature (on admission)

Date

Physicians /

Patient Passport for:

My Health Team

My primary care physician:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

My Health History and Goals

My previous hospitalizations or medical procedures:

Date/Event:

Date/Event:

Date/Event:

Need more space? Insert additional list in back cover.

When I leave the hospital, I want to be able to . . .

Nurses /

Patient Passport for:

Right now, this is what I need most:

The following would help me feel comfortable while I'm in the hospital:

Things I need extra help with:

- Walking
- Bathing
- Drinking
- Hearing
- Understanding medical terms
- Remembering what I'm told
- Dressing
- Eating
- Using the toilet
- Other?

I feel comfortable asking questions, taking notes, or speaking up about my thoughts and concerns

- No Maybe Some of the time Always

I would like help with this. YES NO

I can arrange good support from family and friends to help me in my treatment and recovery.

- No Maybe Some of the time Always

I would like help with this. YES NO

For my age and condition I feel generally healthy

- No Maybe Some of the time Always

I would like help discussing or recording my preferences for an advance directive and/or end-of-life care.

- YES NO

Nurses /

Patient Passport for:

Here's a photo I love

Placing your photo here will help staff get to know you and your world when you're healthy.

My home life (e.g. I live alone, with family, etc.)

When I get home, I need to do the following:

I cope well with my health conditions when:

Please honor my choices about the care I would or would not like to receive if incapacitated and/or at the end of life.

What bothers me most about my health conditions:

I have recorded my preferences and they can be found at this location and/or with this person whom I designate as my representative:

Notes /

Info /



Insert additional information, notes, print-outs,
Directives, in this pocket.



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