+ HEALTH PASSPORT +

A Plain Language Health Care Tool For People In Saskatchewan

INCLUSION SASKATCHEWAN

supporting individuals with intellectual disabilities

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HEALTH PASSPORT GUIDE

This Health Passport has two parts.

Part 1: Health Passport Guide
This part will help you fill out the Health Passport. Once you have completed the passport, detach the guide. You can keep the guide for future reference but do not take it to the hospital.

Part 2: Health Passport
Once completed, this part of the document will become your Health Passport. Take this document with you to the hospital or give to first responders in an emergency.

Why should I fill this form out?

The Health Passport will help health care workers to know how they can best support you by understanding how you prefer to be supported.

Do I have to tell my health care team everything?

The more information you can provide your health care team, the more they will understand how to best care and support you. However, always remember that you have the right to decide what information you share with your team. If you do not want to answer some of the questions, that is okay.

What if I am worried about how this information will be used?

If there are people you don't want to share information with, please let your care team know how you feel. Health care workers take your privacy seriously and will keep everything confidential. If they need to include people outside your circle of care, they will let you or your support people know and they will keep a note of who they share information with.

FILLING OUT THE HEALTH PASSPORT

- Fill this form out when you feel comfortable to do so.
- If you run out of space, attach a piece of paper with written information.
- Once you have completed filling out the passport, save it electronically or store it in a safe place.

USING THE HEALTH PASSPORT

- Print the Health Passport off or save it on your phone.
- Take the Health Passport with you whenever you go to the hospital.
- Make sure that your Health Passport is always up to date.

GOING TO THE HOSPITAL

- Bring your Saskatchewan Health Card.**
- Bring a copy of your Health Care Directive (also called a Living Will or Advanced Care Plan), if you have one.
- Any letter(s) from your doctor.
- Depending on the reason you are going to the hospital, you may need to bring personal items with you like a toothbrush, extra clothes, etc.

ALWAYS BRING YOUR SASKATCHEWAN HEALTH CARD

Remember that the Health Passport DOES NOT take the place of your Saskatchewan Health Card or any other documentation.

HEALTH PASSPORT GUIDE

Section 1: Personal Information

My Name: _____ Birthdate: _____

Call Me: _____ Pronoun: _____

Dr. Name: _____ Phone #: _____

My Name: What is your first and last name? Your name on your Health Passport should match the name on your Saskatchewan Health Card.

Birthdate: When were you born? Month/Day/Year. Example: *March 30, 1992.*

Call Me: Which name do you prefer to be called? Do you prefer when people call you by your first name, a nickname or a different name?

Pronoun: Which pronoun do you prefer? Example: *she/her, he/him, they/their.*

Dr. Name: What is your doctor's first and last name?

Phone #: What is your doctor's phone number?

Section 2: Health Concerns & Essential Contacts

Health Concerns & Allergies:

_____

_____

Health Concerns & Allergies: Do you have any health concerns you go to the doctor for? Examples: *diabetes, seizures, anxiety or depression*. Do you have any allergies that the health care team should be aware of? Examples: *food, medication, latex, etc.*

Current Medications and How I Take Them:

_____

_____

Current Medications: If you are taking any medications, what are they and how much do you take? Also include how you take your medications. Examples: *I swallow my medication in pill form* or *my medication is crushed into food*. Be sure to include your dose. Example: *mirtazapine, 15mg, pill form, daily.*

Essential Contacts:

_____

Essential Contacts: Is there anyone that you would really like to be contacted if you have to go to the hospital? If so, write their name, relationship to you and their phone number. Example: *Jane Doe, mom, 306-333-3333.*

Section 3: Communicating with Health Professionals

How I Communicate:

_____

_____

How I Communicate: How do you communicate with others? For example: *I communicate by talking, writing or typing, pointing to words, and/or using assistive technology*. How can others best communicate with you? For example: *I understand others by lip reading*. Give as much detail as possible.

I Like When Doctors and Nurses:

_____

_____

I Like When Doctors and Nurses: Is there anything the doctors and nurses can do to make you more comfortable? For example, do you like them to tell you before they have to touch you? Do you need them to talk loudly or do you prefer when they talk quietly? Give as much detail as possible.

I **DO NOT** Like When Doctors and Nurses:

_____

I Do Not Like When Doctors and Nurses: Is there anything you do not like the doctors or nurses doing? For example, do you dislike if you feel rushed and are not given enough time to answer question? Give as much detail as possible.

Section 3: Communicating with Health Professionals

I Might Get Upset From And I Am Sensitive To:

_____

_____

I Might Get Upset From and I Am Sensitive to: Sometimes doctors and nurses have to do things you don't like or that cause some pain or discomfort. It is helpful for them to know if there are things that may upset you or you are sensitive to. For example, will you get upset when they have to touch you during a medical exam? Are there certain things you are sensitive to such as lighting or loud noises?

If I Am In Pain or Upset, I Show It By:

_____

_____

If I Am in Pain or Upset, I Show It By: How do you let others know when you are in pain or upset? Do you raise your voice? Do you scrunch your face? Give as much detail as possible

If I Am Upset, The Best Way(s) To Help Me Is/Are:

_____

If I Am Upset, the Best Way(s) to Help Me Is/Are: If you become upset, how can the doctors/nurses make you feel more comfortable? Do you need them to explain what they are doing in more detail? Give as much detail as possible.

Section 4: Staying at the Hospital & Consent

I Am Ok To Stay At The Hospital On My Own: ○ Yes ○ No

I Can Give Consent for Health Care Treatment: ○ Yes ○ No

I Have A: ○ Co-Decision Maker ○ Guardian ○ Neither

I Have A: ○ Proxy ○ Health Care Directive ○ Neither

Staying at the Hospital: If you checked "yes," this means you are okay to stay on your own overnight. If you checked "no," this means you are not okay to stay on your own overnight. If you are comfortable to stay but need support from someone by phone, write that down in your passport along with the person's name and number. If you are not okay staying in the hospital on your own, who do you prefer to be with you? Include their name(s) and number(s).

Giving Consent for Health Care Treatment: Check "yes" if you make your own health care decisions. Check "no" if you have a personal co-decision maker or personal guardian and then write their name and phone number.

A Health Care Directive: A Health Care Directive (sometimes called a Living Will or Advanced Care Plan) is a document that tells the doctors what types of medical treatments you would like to receive in the event that you cannot tell them yourself.

A Proxy: A Proxy is someone you give permission to make health care decisions on your behalf in the event that you are not able. A proxy should be someone you know very well and who respects your opinions and values. Your proxy should be able to communicate your wishes to the health care team.

**Important Note: Health Care Professionals can only follow your Health Care Directive and/or contact your Proxy if they decide you are able to give consent on your own.*

Section 5: Next of Kin

Next Of Kin:

Name(s): _____

Phone: _____ Relationship: _____

If it is decided by the doctors that you are not able to make your own decisions while you are in the hospital, and you do not have a personal co-decision maker or guardian, your health care team will reach out to your closest living relative or relatives (called "next of kin"). The health care team follows a prioritized list of who should be contacted first. The order of this list is the same for everyone.

Using the numbered list below as a guide, write the names and phone numbers of 3 of your nearest next of kin. Start at the top and work your way down. If, for example, you do not have a spouse, write in an adult child. If you do not have an adult child, write in a living parent and so on. Do this until you have 3 people listed in your health passport. If you do not have any next of kin that you are aware of, or do not know their contact information, you can leave this blank.

1. *Spouse (Husband or Wife)*
2. *Adult Child (Son or Daughter)*
3. *Parent (Mom or Dad)*
4. *Adult Sibling (Brother or Sister)*
5. *Grandparent (Grandmother or Grandfather)*
6. *Adult Grandchild (Grandson or Granddaughter)*
7. *Aunt or Uncle*
8. *Adult Niece or Nephew*
9. *Distant Relative*
10. *An Adult You have a Positive Relationship with*

Section 6: Support Needs

Support Instructions - Getting Dressed, Eating, Sleeping:

Getting Dressed, Eating, and Sleeping: Do you need any support with getting dressed, eating or sleeping? Give as much detail as possible.

Support Instructions - Grooming, Hygiene, Bathroom:

Grooming, Hygiene, Bathroom: Do you need any support with grooming, hygiene or going to the bathroom? Give as much detail as possible.

Support Instructions - Moving Around:

Moving Around: Do you need any support to help you move around? For example: *I cannot turn on my own so I need someone to help turn me often in my bed to keep me comfortable.* Give as much detail as possible.

+ HEALTH PASSPORT +

I AM A PERSON WITH DIVERSE NEEDS

PLEASE READ

My Name: _____ Birthdate: _____

Call Me: _____ Pronoun: _____

Dr. Name: _____ Phone #: _____

Health Concerns & Allergies:

Current Medications and How I Take Them:

Essential Contacts:

How I Communicate:

I Like When Doctors and Nurses:

I **DO NOT** Like When Doctors and Nurses:

I Might Get Upset From And I Am Sensitive To:

If I Am In Pain or Upset, I Show It By :

If I Am Upset, The Best Way(s) To Help Me Is/Are:

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+ PERSONAL CARE PROTOCOLS +

I Am Ok To Stay At The Hospital On My Own: ○ Yes ○ No

I Can Give Consent for Health Care Treatment: ○ Yes ○ No

I Have A: ○ Co-Decision Maker ○ Guardian ○ Neither

I Have A: ○ Proxy ○ Health Care Directive ○ Neither

Next Of Kin:

Name(s): _____

Phone: _____ Relationship: _____

Name(s): _____

Phone: _____ Relationship: _____

Name(s): _____

Phone: _____ Relationship: _____

Support Instructions - Getting Dressed, Eating, Sleeping:

Support Instructions - Grooming, Hygiene, Bathroom:

Support Instructions - Moving Around:

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