

# Getting My Health Information Ready for Hospital

## Guidance notes to help you complete: *My Health Information Handover Form and Wallet Card*

### My Health Information Handover

For people with learning disabilities coming into hospital.

MRN:

Hospital:

If I have to go to hospital, this form needs to go with me. It gives healthcare staff important information about me.

Healthcare staff need to keep a copy of this form with your notes and also scan it into your electronic record.

Please return this document to me when I go home.

Upload or affix your photo here

My full name is:

I like to be called:

My date of birth:

Healthcare staff, please read this document if you are involved in my care and support.

- Things you must know about me
- Things that are important to me
- My likes and dislikes

**My decision maker**  
Sometimes when I'm unwell I need help making decisions and choices. This is the person to contact on my behalf if I am admitted to hospital.

Name:  Relationship:

Phone:  I have:  Guardianship order  Advanced Care Directive

Form completed by:  Date completed:  Review date:

Page 1 of 10 - v2.1



I have a 'My Health Information Handover' document. Please read this for more important information about me and my healthcare needs.

Please read these guidance notes BEFORE completing the My Health Information Handover Form or Wallet Card

# Contents

Introduction .....	3
My Health Information Handover Form .....	4
Cover page .....	5
Things you must know about me .....	6
Things that are important to me.....	11
My likes and dislikes .....	13
My Health Information for Emergency Services Wallet Card .....	14
Ready to go checklist.....	15
Acknowledgements.....	16

# Introduction

These guidance notes will help you to complete these communication tools:

- *My Health Information Handover Form*, and
- *My Health Information for Emergency Services Wallet Card*

The guide will help you think about things that you would like the hospital to know about you and your healthcare needs.

The *My Health Information Handover Form* and *My Health Information for Emergency Services Wallet Card* will help healthcare staff understand your needs.

Hospitals are very busy places. You will have different people working with you at different times.

If you go to the emergency department your healthcare staff will need information that can be read and understood quickly.

Use the 'Ready to go checklist' on Page 15 of this guide to help you get everything you need ready for hospital.

## Questions or help needed

If you have any questions or need help in completing your tools, contact us:

Phone: 02 4751 5266

Email: [myhealthmycommunication@dareds.com.au](mailto:myhealthmycommunication@dareds.com.au)

# My Health Information Handover Form

This form is designed to assist you in telling staff at hospital important information about your healthcare needs and choices.

## Pictures / Icons

The icons used in the form have also been used in these guidance notes to help you with each question in the form.

## Getting some help to complete the form

You can complete the form yourself or with help from someone else.

If you choose someone else to help you, choose a person who knows the most important things about you and can speak to the hospital about your needs. This person might be:

- Coordinator of support
- Family carer who supports you at home
- Group home coordinator
- Key support worker
- Guardian / appointed decision maker

## How to complete

We recommend that you download the form to your computer or tablet. It's a fillable PDF, meaning that you can type in your information, print the form and save it for easy access later.

Another option is to neatly hand write your information onto a blank form.

When you have completed your form, put it in a safe place such as a document wallet, in a spot where you will not forget it. It's also a good idea to keep an extra copy at home in case one gets lost.

## Download your form here:

<https://www.myhealthmycommunication.com.au/toolkit-downloads/>

After the form is downloaded, save it somewhere on your computer or tablet where you are likely to remember so that you can access it for later use and to make changes and updates.

**My Health Information Handover**  
The people with learning disabilities living at hospital

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

If there is a person you want to help you with the form, please tell us their name and contact details about the form. These details are important for the hospital to know.  
Please return this document to me when I go home.

My full name is: \_\_\_\_\_  
I like to be called: \_\_\_\_\_  
My date of birth: \_\_\_\_\_

Healthcare staff, please read this document if you are involved in my care and support.

Things you need to know about me  
Things that are important to me  
My likes and dislikes

**My decision maker**  
Sometimes when I need help making decisions and choices, I ask the person to contact my hospital. Fill in the name and phone number.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Home:  Guardian for order  Advanced Care Directive   
End of life care:

Page 4 of 16 – v1.0



## Cover page (page 1)

### MRN and Hospital

MRN means Medical Record Number – it’s a number used by the hospital to identify you and your health record. You can find the MRN on any letters you may have previously received from the hospital. It’s ok if you don’t know this number as healthcare staff can find this. Add your MRN (if known) and the hospital name.

*Example:*                      *MRN: 1234 3445*  
   *Hospital: Nepean*

### Upload or affix your photo here

Another way to help healthcare staff identify you, is to upload a photo of yourself into the form. Or you can stick a photo in this section after you have printed your form.

### My full name is / I liked to be called / My date of birth

Provide your full name here as well as any other names you like to be called if different from your full name. Also enter your full date of birth.

*Example:*                      *My full name is:        Robert John Smith*  
   *I like to be called:    Bob*  
   *My date of birth:     1/1/1975*

### My decision maker

Sometimes when you are unwell, it may be hard for you to communicate and make decisions. You might have a family member [next of kin] or a legal guardian that can make medical decisions for you. Provide their contact details as the hospital will contact this person if you are admitted to hospital.

If you have a Guardianship Order in place and/or an Advance Care Directive, tick the box in this area.

### Completed by / date completed / review date

This part of the form helps everyone know how current the information is. It’s important to keep your form updated, especially if you have a change in medication or your health condition. It’s a good idea to review your form every year to ensure all information remains current.

# Things you must know about me (pages 2-5)

## My personal information



Add your most up to date information here as this will further assist healthcare staff in identifying you and your health records.

## Person who supports me the most



Give details of the person who provides you with the most support, who you would like healthcare staff to contact when you're in hospital. This could be your parents, a family member or carer, your support coordinator, or key support worker. This person may be different to the person you listed under 'My Decision Maker'.

## My doctor / GP



Give details of your regular doctor [GP]. Healthcare staff may need to contact your GP to ask for medical information about you and may send information to your doctor after you leave the hospital.

## My allergies or adverse reactions



When thinking about allergies, it's very important to note if you are allergic to things and the kinds of reaction you might have. This can include reactions to food or other things that can cause a severe reaction (like anaphylaxis) or things that bring you out in a rash, make you feel itchy, or sick. Add the things you are allergic to and what reaction you may have.

*Example:*

*Allergic to: Latex*

*Reaction: Itchy skin and hives*

*Allergic to: Penicillin*

*Reaction: Skin rash and swelling*

## How I take medication



Think about how you would normally take your medications. If you need any support to take medication describe that support clearly. You may need to have tablets crushed in your food, or with a certain drink, as liquid, or have tablets that you can take together or one at a time.

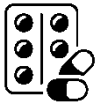
*Example:*

*I take one tablet at a time with a sip of water.*

*I cannot swallow whole tablets so they need to be crushed into my food or provided in liquid form.*

# Things you must know about me (pages 2-5)

## My current medications



It is really important to let staff know if you are taking any medications, as they may not know this. Healthcare staff need to know this to make sure that any medication they need to give you, works with any medication you are already taking.

On your form add all of the medications that you are prescribed. Include the name, dose and directions for taking as listed on the prescription label. Where possible, you should also bring your medication with you if you need to go to the hospital.

*Example:*

*Name: Panadol Osteo*

*Dose: 665 mcg Paracetamol*

*Directions: 2x AM with breakfast*

## My disability, health conditions and medical history



Healthcare staff need to know about your history so they can give you the right treatment.

Think about any health conditions you have now or have had in the past and include these on your form. Add any surgery you have had also.

This section can include any formally diagnosed disability or health condition such as, Epilepsy, Diabetes, Asthma, Cerebral palsy, Autism, Down syndrome.

There's plenty of room on the form to add a detailed description to provide healthcare staff with as much information as possible about your current conditions and medical history.

## How I show I'm in pain and how to support me



One of the ways that healthcare staff know what is wrong with you and how to treat you is by your experience and description of pain. They will ask you lots of questions about pain and also ask you if you feel any pain when they examine you.

If you are not able to say when you are in pain and where it hurts, it is helpful to provide some information about how you might behave if you are in pain and how staff could help you.

For example:

*If I say I've got a headache, ask me to point to where it is.*

*I'm usually in pain when I fidget a lot.*

*I might be in pain if I go quiet and avoid eye contact.*

# Things you must know about me (pages 2-5)

## How I would like you to communicate with me



Think about how you would like healthcare staff to communicate with you when having a discussion about your needs in hospital.

*Example:*

*I like it when people speak directly to me.*

*I need you to use easy words and short sentences.*

*Can you speak slowly when talking to me?*

Add information about how to start the conversation again if it was not understood the first time.

## How I communicate / what language I speak



Think about how you like to communicate with other people and what helps you understand any information they provide to you. You may like to use gestures, write things down, get help from your support person, or use pictures and symbols to help you understand what they are saying.

If there are any communication aids that you normally use, such as an iPad or picture board, include details of these on your form.

Also include any other languages you may speak and if an interpreter for languages may be required.

*Examples:*

*I am non-verbal and use an iPad to communicate.*

*I find it hard to explain myself so I like using pictures and gestures to help me show you what I need.*

*I can understand most things but prefer that my support person helps answer questions.*

## How to support me with medical procedures



Healthcare staff will need to examine you and carry out tests. This will involve touching you with their hands and using various equipment. They may do things like taking your temperature or blood pressure, and doing a blood test or giving you an injection.

If you have any sensory or other issues that healthcare staff may need to know about, describe them here.



## Things you must know about me (pages 2-5)

### Do I have problems with my heart and/or trouble breathing?



Tick Yes or No on the form.



If you ticked yes, add details in this section about any problems with your heart or trouble breathing. Also list any previous problems you may have experienced.

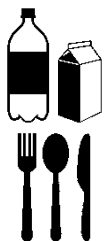
You may have already listed some of this under 'Health Conditions and Medical History' but you can use this section to add extra information about any heart or breathing problems such as asthma, chest infections, pneumonia.

### Do I have problems with eating, drinking and swallowing?

Tick Yes or No on the form.

You can add further information in the next section for 'How I eat and drink'.

### How I eat and drink



If you ticked No to the above question, you may still like to add some information here about how you would normally eat and drink or if there are any food intolerances, foods that you dislike, or foods you choose not to eat for religious reasons.

It is very important for healthcare staff to know about support you may need at mealtimes, any choking risks and any issues with dysphagia (difficulty swallowing).

If you have a mealtime management plan, make a note of this and attach the instructions to the handover form.

Also add details about how your food and drink is prepared and any special diet.

*Examples:*

*I need all my food to be chopped into small pieces.*

*My foods need to be pureed.*

*I can only eat small amounts at a time and need help with eating.*

*My fluids need to be thickened to level 4 thickener in a cup and to be fed this one teaspoon at a time.*

*It will take me 15 minutes to drink a cup of tea.*

*I need my drink in a sipping cup.*

# Things you must know about me (pages 2-5)

## Things that make me anxious or upset (my behavioural supports)



You may be unsure about what happens or afraid about going to hospital. It is helpful to provide some information about how you might behave if you are afraid, worried or in pain and how healthcare staff can best support you.

Give clear descriptions of what might happen and what to do about it. Also add details about things that help you to relax.

*Examples:*

*If my eyes are darting around and teary, sit with me and let me know what is going on.*

*Ask if I would like to listen to my playlist.*

*If I try to leave I might be feeling overwhelmed, I may require PRN medication (see medications) for my anxiety.*

*If possible, lower the lights and reduce distractions.*

*I need to sit in a chair and be in a quieter place.*

## Things that are important for my physical safety



Think about things that help you feel safe. You might have aids or equipment to keep you safe like splints, orthotics, walking aids, or other equipment. You might also have risks to your safety if you have a history of wandering off or harming yourself.

Give details of any risks to your safety and how to keep you safe during a stay in hospital.

# Things that are important to me (pages 6-7)

## Other services that help me



Think about any other services that help you that may be contacted to get further information about your healthcare needs. For example, these services may be your Occupational Therapist, Physiotherapist, Speech Therapist.

On your form, add the service name, contact person and phone number.

## How I like to move around



Think about any kind of support you need when moving around, in bed, or when sitting or walking. You may use a walking aid or need support with posture in bed. Do you have any risk of falls? Add those details in this section.

*Examples:*

*I use my wheelchair for all mobility please leave my wheelchair next to my bed at all times.*

*I am at risk of falling out of bed and need the rails up to sleep.*

## My personal care



Think about any support you need for your personal care. This could be for getting dressed, washing, applying creams, brushing teeth or going to the toilet.

Do you require any aids or equipment to use the toilet? Do you need help getting dressed or prefer to dress in private? Do you need equipment or help with having a shower? Add those details in this section.

## My seeing / hearing



Give details of any problems you may have with seeing or hearing. Perhaps you wear glasses or have a hearing aid. Add those details in this section.

## Things that are important to me (pages 6-7)

### My sleep pattern / routine



Many people find it difficult to sleep in a different environment. Give any details you think will be helpful about what you do before you go to bed to help you sleep, as well as the time you normally go to sleep and wake up.

### My religion / spiritual needs / cultural background



Do you have any religious, spiritual or cultural preferences that may affect delivery of care when in hospital? If yes, give details in this section.

*Example: My culture only allows female nurses and doctors to examine me.*

## My likes and dislikes (page 8)

Use this section to list other things that will be helpful for healthcare staff to know about you. It is useful for them to know about the things you like to do, see or talk about and what makes you happy. It is also important for them to know about what upsets you and things you do not like to do, see or talk about.



### Likes

Think about things that might make your hospital stay better.

For example – what makes you happy, things you like to do such as watching TV, reading, music, art, routines, food and drinks that you like.



### Dislikes

Think about things that might make your hospital stay worse.

For example – what makes you unhappy and upset, I don't like shouting, food you don't like, physical touch.

# My Health Information for Emergency Services Wallet Card

The wallet card is a quick and easy tool to provide emergency services and healthcare staff with some of the most vital information needed to provide care right away.

## How to complete

You can complete the card yourself or with help from your carer or someone who knows you really well.

Neatly hand write (print) your information on the card, fold it in the middle at the crease and keep it in your wallet.

## Important things to note

Tick box on front of card

- Tick this box if you have a 'My Health Information Handover Form' or other type of document available. This will prompt healthcare staff to ask you for this to provide them with further information about your healthcare needs.

Personal Information

- Add your most up to date information here as this will further assist healthcare staff in identifying you and your health records.
- Pension/ Concession – Add your Centrelink Reference Number (CRN) here if you have one. This may be used in case you need an ambulance and you may be eligible for an exemption from paying ambulance fees.
- Universal hospital ID – Add your hospital MRN on this line. Refer back to the first section on Page 5 of this guide for further details of where to find your MRN.
- Date Card Completed and Review Date – review at least every year to ensure information remains current. If you need to update your card, contact our office and blank cards can be provided.

Contacts

- Add two emergency contacts (your decision maker and the person who supports you the most) and your regular GP. You can refer back to Pages 5 and 6 for further details.

Things that are important for you to know about me and my healthcare needs

- This is an open section on the card allowing you to add important things that healthcare staff need to be aware of such as your disability, health condition or allergies.



# Ready to go checklist

Use this checklist to help you [or the person who supports you] prepare everything you may need in case of an emergency visit to hospital.

The checklist will remind you to have things ready such as your medications, scripts and any communication aids.

## Before I go to the hospital I will make sure that:

<input type="checkbox"/>	My document wallet (if you are using one) is in an easy to find place so that I can grab it quickly if I need to go to hospital.
<input type="checkbox"/>	My Health Information Handover Form is up to date and in my document wallet.
<input type="checkbox"/>	I have extra copies of My Health Information Handover Form in case one gets lost.
<input type="checkbox"/>	My Wallet Card is up to date and is with me everywhere I go.
<input type="checkbox"/>	My contact people and decision makers all agree that if I go to hospital that they can be called to support me.
<input type="checkbox"/>	My Medication Webster pack and current scripts are ready to go with me to hospital in my document wallet (ask my pharmacy to make a copy to keep in my document wallet).
<input type="checkbox"/>	If I use any other communication aids, these are in my document wallet.
<input type="checkbox"/>	I have added my other important medical documents to my document wallet.
<input type="checkbox"/>	End of life decisions - if I am ready to tell the hospital what my choices are about my end of life, I can include an advance care directive to my document wallet.

## When I get to the hospital I will:

<input type="checkbox"/>	Ask admission staff to please scan My Health Information Handover Form into my medical record.
<input type="checkbox"/>	Ask admission staff to please add my Medical Record Number (MRN) and the name of the hospital to my Wallet Card and Handover Form if I didn't already include it.
<input type="checkbox"/>	Ask healthcare staff that I need to keep my Handover Form and other documents with me so that new staff can read them at the beginning of their shift when they start working with me.

# Acknowledgements

These guidance notes and the *My Health Information Handover Form and Wallet Card* were created as part of the My Health My Communication project, all about improving communication between healthcare staff and people with intellectual and developmental disabilities.

<https://www.myhealthmycommunication.com.au/>

Developed in partnership between Nepean Blue Mountains Local Health District and DARE Disability Support.



## Your feedback is welcome!

If you have any feedback, suggestions or improvements for this document, please complete this short survey using the link or QR code: <http://bit.ly/3g6Tvww>

Alternatively, you can email us at [myhealthmycommunication@dareds.com.au](mailto:myhealthmycommunication@dareds.com.au)

The 'My Health Information Handover' document is based on the UK NHS Hospital Passport created by the South West London Access to Acute Group, available at <https://www.mencap.org.uk/advice-and-support/health-coronavirus/health-guides>

Images and icons from iStock photo <https://www.istockphoto.com/>

Version 1.0 Published April 2023