National Rehabilitation University Hospital

An tOspidéal Náisiúnta Athshlánúcháin

My Personal Health Passport

Things You Must Know About Me

This Document contains Important Information about my Healthcare Needs

Page 1 :	My Specific Healthcare Needs; my diagnosis, or medical condition and how it affects me | My Medical History
Page 2 :	My Personal Details | Emergency Contacts | Allergies
Page 3 :	Healthcare Professionals involved in my care
Page 4 :	My Medications: My Local Pharmacy | Medical Card Information
Page 5 :	My Risk Factors
Page 6 :	Ways to Communicate that work best for me
Page 7 :	Level of Support I require (including support I need with daily activities)
Page 8 :	Equipment I use | Other relevant information
Page 9 :	School
Page 10 :	My Likes & Dislikes
Page 11- 14 :	Notes, Appointments, Recent Prescriptions

My Specific Healthcare Needs

Details of my injury or condition **Example:** • Spinal Cord Injury Complete or Incomplete • Quadriplegia / Tetraplegia...	

How it affects me **Example:** • Loss of sensation means I may not be aware of an injury (such as a fracture or scald) to the paralysed part of my body	

Other important medical conditions or symptoms, and brief medical history **Example:** • Autonomic Dysreflexia	

Last updated on:	

My Personal Details

My name is	
I'm also known as (to family & friends)	
Date of Birth	
Telephone	

Emergency Contacts

1) Name	
Telephone	
2) Name	
Telephone	

Allergies

Food allergies	
Drug allergies	
Other allergies	

Healthcare Professionals Involved In My Care

GP (Family Doctor)	
Name	
Address	
Telephone	

NRH Consultant	
Name	
Telephone	235 5000 (main hospital number)

Other Hospital and Healthcare Contacts

Paediatrician	
Hospital	
Telephone	

2) Name	
Telephone	

3) Name	
Telephone	

My Medications

Vaccinations	

If available, my most recent prescription(s) will be attached to the back page of this booklet		
When I Take My Medications		
Assistance I may need		
Route of Medication		
If there is someone in particular who usually helps me with my meds	Name	
	Telephone	

My Local Pharmacy

Remember: medications may change; keep a note of your most recent prescriptions

Name	
Telephone	
Location	

Medical Card	
Yes ☐ No ☐	
Number	
Expiry Date	

My Risk Factors

Risk Factors – things that affect my safety

- **Skin:** I may be at greater risk of pressure ulcers...
- **Autonomic Dysreflexia:** A sudden and potentially lethal surge of blood pressure
- **Spasm:** May be a response to pain or discomfort below the level of the injury lesion such as a full bladder or bowel...
- **UTIs**
- **Other Risks:** I cannot control my body temperature and so run the risk of hypothermia or heat exhaustion...

Ways to Communicate

My first language is	
Language spoken at home	
I need interpreter and translation services	**Yes** ☐ **No** ☐

How I communicate with others...	

How you can communicate with me...	

Level of Support I Require

I usually need help with these activities **Example:** • daily hygiene routine • mobility (moving and getting around) • bedtime routine, sleep pattern • assistance using public transport • other details	

Food and Drink Support **Example:** • consistency • help with eating and drinking safely • other details...	

Other support I may need on occasion **Example:** if there is someone who usually helps me to understand information or make important decisions...		
	Name	
	Telephone	

Equipment I Use

Equipment I use on a daily basis **Example:** • pressure relief mattress • daily care equipment • catheter size • mobility equipment • communication aids • other equipment...	

Vision and Hearing	**I use a device for hearing:**	**Yes** ☐	**No** ☐
	I wear glasses or contact lenses:	**Yes** ☐	**No** ☐

Other Information That May Be Useful In Managing My Health

School

School	
Address	
School Principal	
School Nurse	
Telephone	

Other people in the community involved in caring for me **Example:** • Community OT • Physiotherapist • Dietitian • Speech & Language Therapist • Other...	

My Likes And Dislikes

My Likes

My Dislikes

Notes / Medical Appointments

Date	Information Update

Notes / Medical Appointments

Date	Information Update

Notes / Medical Appointments

Date	Information Update

Copy of My Most Recent Prescription(s)

Attach Copies to this Page

National Rehabilitation University Hospital

An tOspidéal Náisiúnta Athshlánúcháin

Download a copy of the Personal Health Profile (PHP) as follows:

- Log on to www.nrh.ie
- Type 'Personal Health Profile' into Search Box in the top right hand corner of any page on the website
- Print a copy of the PHP that is relevant to you

Alternatively, you can phone the number below and request that a copy be sent to you by post.

National Rehabilitation University Hospital

An tOspidéal Náisiúnta Athshlánúcháin

Personal Health Passport

National Rehabilitation Hospital
Rochestown Avenue
Dun Laoghaire
Co. Dublin, Ireland
A96 P235

Tel: +353 1 235 5000
Fax: +353 1 285 1053
Email: enquiries@nrh.ie
www.nrh.ie

NRH Services Include:

Spinal Cord System of Care Programme

Brain Injury Programme and Stroke Specialty Programme

Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Programme

Paediatric Family-Centred Rehabilitation Programme

CARF - Commission for Accreditation of Rehabilitation Facilities
Details of NRH accreditation on **www.nrh.ie**