

Information for Patients

Reasonable Adjustments Required

Person Centered Assessment of Child's Individual Specific needs

Patient's Name:	
Hospital Number:	Consultant:
Additional Needs:	Communication Flag requested on: Patient Administration System <input type="checkbox"/> Chameleon <input type="checkbox"/> Other <input type="checkbox"/>
Ethnicity:	DOB: Age:
Mental Health Capacity Assessment: (ask if over 16) Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact Numbers: Home: Mobile:
Translator / Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:
Date Seen:	Department / Clinic:
Assessment Completed by who? Professional <input type="checkbox"/> Parent / Carer <input type="checkbox"/> Patient <input type="checkbox"/> Other <input type="checkbox"/>	
Signature:	Print / Stamp Name:
Parent / Carer / Patient Signature:	Date Completed:

To be scanned into HIVE

My Communication Passport

Name:

DOB:

Hospital Number:

Diagnosis:

Communication - To communicate and /or understand information I need							
Pictures/ photos 	Sign language	Simple words	Makaton	Interpreter			
Spoken language 	Communication aid	Extra time	Symbols	Other:			

Things I like – Things I like that help me					
Drawing/colouring	Television	Books	Computer games		
Sensory play	iPad	Other/My interests: • •			

Dislikes - Things I find difficult that make me anxious, upset and maybe act differently:					
Change of routine 	Too much noise 	Sudden noise 	Tone of voice 		
Touch/Sensory Overload 	Too many people 	Waiting 	Other: • •		









Pain - When I am in pain I will					
Not able to tell you 	Cry 	Hurt others 	Tell you 	Point to pictures 	
Point on body 	Scream 	Hurt self 	Don't know 	Other/comment:	

Reasonable Adjustments - Special arrangements to help me in hospital

Name:

DOB:

Diagnosis:

Reasonable Adjustments Arrangements to help me cope better in hospital		
	Needed	Not needed
 Information before my appointment about who I will see, where and when		
 Information through social story with photos		
 A visit to the hospital before appointment		
 Use my preferred communication method (see above)		
Ask my parent/cares how to support me		
 Use a photo ID not a wrist band		
 Short waiting time, e.g. first appointment of the day		
Pager to allow me to leave waiting room		
Space to have a quiet break		
 My own room		
 Distract me with things I like (see above)		
Other:		
School:		
Is this a Special School or a Mainstream School? (please circle)		

Other helpful information to help you care for me: