My Health Journey

Hospital Passport

The information in this passport will assist Health staff to better support me and meet my needs in hospital and after discharge. This passport stays with me at all times. I give consent for the information in this passport to be used for the purpose of supporting me in hospital and after discharge. The information is not to be used or shared for any other purpose.

Name Sky Blue

Date 28/10/2025

blue sky community services

NSW GOVERNMENT

Health
Mid North Coast
Local Health District

My Health Journey

Note to Participant - It is important that the information in this *My Health Journey - Hospital Passport* remains as current as possible. The more accurate the information, the better Health staff can support you in hospital. Please review your Passport often and update pages as needed. Keep a printed copy of your Passport in a plastic sleeve ready to take with you to hospital.

My Details

Pronoun: (optional)

Given names: Sky

Surname: Blue

Preferred name: Sky

Gender:

Female: ✔

Male:

Non-binary:

Prefer not to say:

Prefer to self describe:

Contact phone: 0400000000

Medicare card no: 1234 56789 1

Concession or Health Care card no:

Are you an NDIS participant? YES ✔ NO

NDIS participant number: (if yes) 400000000

My NDIS Contact:
eg. Support Coordinator, NDIA Delegate, Local Area Coordinator, Early Childhood Coordinator

Name: Donald Duck

Organisation: Duck Coordination Services

Contact phone: 0411111111

Email: duckndisservices@gmail.com

If you are not an NDIS participant, would you like more information about the NDIS? YES NO

My GP:

Name: Sleeping Beauty

Practice: The Ocean Medical Practice

Contact phone: 0422222222

Email: beauty@theoceanmedical.com.au

My Main Contact Person:

Name: Mrs Potato Head

Relationship: Mother

Contact phone: 0433333333

Email: Potatohead@gmail.com

Mid North Coast NDIS Partners

Northcott:

Early Childhood Approach Age 0-8

1800 118 481

ECEI@northcott.com.au

Blue Sky Community Services:

Age 9+

1800 241 675

bluesky@ndis.gov.au

My Behaviour Support Practitioner:
(if applicable)

Name:

Organisation:

Contact phone:

Email:

My Health Journey

Identified Disabilities

- [ ] Developmental Delay (age 0-6)
- [ ] Intellectual or Cognitive Impairment
- [ ] Learning Disability (other than Intellectual)
- [x] Autism Spectrum Disorder (including Asperger's)
- [ ] Acquired Brain Injury
- [ ] Neurological Condition
- [x] Hearing Impairment
- [ ] Vision Impairment
- [x] Physical Disability
- [ ] Other

Would you like to provide more detail about your disability?

I have Autism and sometimes this means I have trouble with sensory input and knowing when I need to eat or I might not feel comfortable looking at someone while they are talking to me.
I also have significant hearing loss in both ears. My hearing aids, Auslan and visual aids help me with this.
I have cerebral palsy which effects my ability to mobilise independently. I utilise assistive technology including a wheelchair and hoist. I need help with transfers however I can usually move around myself in my wheelchair.

Cultural, Spiritual & Staffing Considerations

Where possible, you can identify staff you prefer to support you while you are in hospital. Example: Social Worker, Aboriginal Liaison Officer, Chaplain, male or female staff.

(provide details if applicable)

I would like the health staff to support me to utilise interpreter services when needed.

Documentation

The following documentation is in place:
(tick all applicable)

- [ ] Advanced Care Plan
- [ ] Guardianship Orders
- [x] Power of Attorney
- [ ] Other

Have you brought a copy with you to hospital?

YES	[ ]	NO	[ ]
YES	[ ]	NO	[ ]
YES	[ ]	NO	[x]
YES	[ ]	NO	[ ]

Living Arrangements

I live:

- [ ] with family member/s
- [ ] with friend/s
- [ ] with paid carer/s
- [x] by myself
- [ ] other

Type of residence:

- [ ] Supported accommodation
- [ ] Private home
- [x] Public/Community housing
- [ ] Residential aged care facility
- [ ] Other

Are access needs at your home currently met? (please provide details)

Yes my house suits my needs and I don't require any modifications.

My Health Journey

Communication

My first language is: Auslan

I communicate verbally: YES ☐ NO ☑

I require an interpreter: YES ☑ NO ☐

I use the following devices to help me communicate:
(please provide details)

I can use my phone and Ipad to communicate however I prefer an Auslan interpreter for important conversations.

The following helps me to understand you:

Simple words	☐
Short sentences	☐
Pictures or diagrams	☑
Examples	☐
Demonstration	☑
Checking my understanding along the way	☑
Letting me explain things back to you	☐
Letting my carer/support person explain things	☐
Other	☐

Would you like to provide more detail about communication?

Equipment

I use the following equipment to support me:

Have you brought this equipment with you to hospital?

Wheelchair	YES ☑	NO ☐
Electric hoist for bed transfers	YES ☐	NO ☑
Ipad	YES ☑	NO ☐
Sensory tools	YES ☑	NO ☐
Toilet and shower commode	YES ☐	NO ☑
Electric Bed	YES ☐	NO ☑
EpiPen	YES ☑	NO ☐

How and when I use my equipment:

Wheelchair - Day to day moving around
Electric hoist for bed transfers - Transferring in and out of bed
Ipad - Daily for communication purposes
Sensory tools - To manage my sensory input daily
Toilet and shower commode - Daily when toileting and showering
Electric Bed - Daily
EpiPen - As needed for my nut allergy

How best to support me while using my equipment:
(eg. sometimes I have trouble with my balance, you can support me by . . .)

Sometimes I have trouble managing my sensory input, you can support me by ensuring I have easy access to my sensory tools and keeping me in one place as much as possible.

My Health Journey

Activities of Daily Living

My level of independence: (please tick appropriate box)

	Can do myself	Can do with help	Cannot do
Sit	☐	☑	☐
Stand	☐	☐	☑
Walk	☐	☐	☑
Navigate steps	☐	☐	☑
Transfer	☐	☑	☐
Roll over in bed	☐	☑	☐
Get out of bed	☐	☑	☐
Use the toilet	☐	☑	☐
Shower	☐	☑	☐
Dress	☐	☑	☐
Eat	☑	☐	☐
Drink	☑	☐	☐
Read	☑	☐	☐
Write	☑	☐	☐

I have difficulties eating, drinking or swallowing: YES ☐ NO ☑

If yes, outline the difficulty and what helps:

I usually sleep through the night: YES ☑ NO ☐

I'm usually okay with strangers: YES ☐ NO ☑

I make friends easily: YES ☐ NO ☑

Routines that are important to me:

I like to have dinner in the early evening and be asleep by 9pm, please pull the blinds and dim the lights if possible at 8pm. I go to the toilet just before sleep and I like to watch TV or movies on my Ipad before bed. I have my evening tablets before I eat.
I wake up around 7am, take my morning tablets and eat breakfast before having a shower between 8am and 9am.

I have allergies or adverse reactions: YES ☑ NO ☐

If yes, please provide details:

I am allergic to nuts and I have an EpiPen.

Goals I am working on:

To maintain my health and independence

My Health Journey

My Supports

Use the template below to show your current informal, mainstream and funded supports:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Support worker to help with breakfast, toileting, dressing and showering 7am to 9am. Musical Bingo 10am - 12pm.	Support worker to help with breakfast, toileting, dressing and showering 7am to 9am. Lunch with mum 11am to 1pm	Support worker to help with breakfast, toileting, dressing and showering 7am to 9am.	Support worker to help with breakfast, toileting, dressing and showering 7am to 9am. Physio Monthly 11am - 12pm	Support worker to help with breakfast, toileting, dressing and showering 7am to 9am. Cinema/Fishing 10am - 2pm	My brother helps with breakfast, toileting, dressing and showering 7am to 9am.	My brother helps with breakfast, toileting, dressing and showering 7am to 9am. Church 9.30am - 10.30am
PM	Support worker to help with medication, dinner, toileting, dressing and showering 7pm to 9pm.	Support worker to help with medication, dinner, toileting, dressing and showering 7pm to 9pm.	Support worker to help with medication, dinner, toileting, dressing and showering 7pm to 9pm. Trivia 2pm - 4pm	Support worker to help with medication, dinner, toileting, dressing and showering 7pm to 9pm.	Support worker to help with medication, dinner, toileting, dressing and showering 7pm to 9pm.	My brother helps with medication, dinner, toileting, dressing and showering 7.00pm to 9pm.	My brother helps with medication, dinner, toileting, dressing and showering 7.00pm to 9pm.

Who provides the above supports:

Name: Robin Hood
Relationship/Role: Support Worker
Contact phone: (02) 63333333
Email: robin@hood.com.au

Name: Little John
Relationship/Role: Brother
Contact phone: (02) 62222222
Email: little@john.com.au

Name: Chicken Little
Relationship/Role: Support Worker
Contact phone: 0433333333
Email: chicken@littlefarm.com.au

Name: Jiminy Cricket
Relationship/Role: Physiotherapist
Contact phone: 045555555555
Email: jiminy@crickettherapies.com.au

Name:
Relationship/Role:
Contact phone:
Email:

Name:
Relationship/Role:
Contact phone:
Email:

My Health Journey

More About Me

Supports I require during a medical assessment:
I would like an interpreter or support person to be present for all medical assessments.

How you know something hurts me:
I may lash out physically. You can help me by communicating what I can expect to see, feel or experience before starting any procedures.

How I go to the toilet (manage continence):
I use an external catheter and require assistance to empty/replace bags and change catheters

Questions that may need to be answered in a particular way:
When explaining things to me please use visual aids and easy read documents, simple language, demonstrate procedures.

Things I don't like and things that make me anxious:
I don't like bright lights, needles and crowds of people.

Things that help me feel comfortable and calm:
My sensory tools, having people I know and trust with me, being in familiar environments, watching movies on my IPad

Usual behaviours for me:
It is usual form me to be very quiet and not make eye contact with people. However I can become agitated or anxious and physically push people away in new or crowded environments.

I have a Positive Behaviour Support Plan: YES / NO
☐ ☑

Details:

My Health Journey

Health & Medical Information

Health Professionals who support me in the community:

Health Professional

Name: Sleeping Beauty

Role: GP

Organisation/Practice: The Ocean Medical Practice

Contact phone: 0422222222

Email: beauty@theoceanmedical.com.au

Please keep a copy of your current medications list attached to this Hospital Passport. Your pharmacy can provide this.

My Usual Pharmacy

Name: Toon Town Pharmacy

Address: 111 Rodger Rabbit Close, Toon Town

Contact phone: (02) 12341234

Health Professional

Name: Buzz Lightyear

Role: Psychologist

Organisation/Practice: Lightyear Psychology Supports

Contact phone: (02) 611111111

Email: infinity@beyond.com.au

Health Professional

Name: Minni Mouse

Role: Occupational Therapist

Organisation/Practice: Mouse OT

Contact phone: (02) 32222222

Email: mouse@mickeyhouse.com.au

Outline your medical and treatment history below:

Condition	Treatment/Surgery	Treatment/Surgery Date
Cerebral Palsey	OT and Physio therapy	ongoing since 3 months of age
Epilepsy	Treated with medication	treatment with medication since 5yrs
Scoliosis	Multiple surgeries	Multiple surgeries starting from 8yrs to 12yrs
Incontinence	Suprapubic catheter surgery	Ongoing from 18mths

My Health Journey

Other things I would like you to know about me (if any)

I love funny movies and dogs. I also live on a farm which I enjoy and I like fishing and going to the beach regularly. You can connect with me and help me to focus by having conversations with me or showing me pictures on these topics.