disAbility Support Services

COMPASS CARE GROUP

MY HOSPITAL PASSPORT / MY SUPPORT PLAN

Important information about me, my health and the support I need

PHOTO

Attach or paste a recent photo

Full name

Preferred name

Date of birth

NDIS number

Emergency contact - name / relationship / phone

Important health / safety alerts

How to use this passport / support plan

1. Complete the sections that are relevant to you and update them when anything changes.
2. Take this passport / support plan to hospital, emergency departments, appointments and planned admissions.
3. Attach current clinical plans or medication information when they are important for safe care.

General disclaimer

My Hospital Passport / My Support Plan is an information and communication tool. It does not replace professional medical advice, clinical assessment, diagnosis, treatment, medication charts, emergency care, legal consent requirements or current clinical plans. Information should be reviewed and kept up to date. Health professionals should use their own clinical judgment and organisational procedures. In an emergency, call 000 or seek immediate medical assistance.

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Personal details

About me, communication access and culture

Contact and identity

Phone number

Home address

Age

Centrelink card number

Email address

Medicare number

Medicare ref. no.

Medicare expiry

I receive NDIS supports

- ○ Yes
- ○ No

Aboriginal and/or Torres Strait Islander

- ○ Yes
- ○ No
- ○ Prefer not to say

Gender, pronouns and language

- ☐ Female
- ☐ Non-binary
- ☐ Self-describe
- ☐ Male
- ☐ Prefer not to say

If self-describing, write here

- ☐ she/her
- ☐ he/him
- ☐ they/them
- ☐ Other

Other pronouns

First language

Second language

Interpreter required

- ○ Yes
- ○ No

Interpreter language / Auslan / communication access details

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Important people & household

Contacts, dependants and people who know me well

Important people to me - in order of preference

Name	Relationship	Phone	Email

Next of kin and emergency contact

Next of kin - name / relationship

Next of kin - phone / email

Emergency contact - name / relationship

Emergency contact - phone / email

My dependants

Name	Age	School / service	Backup contact if I cannot care

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Health providers & cover

GP, pharmacy, ambulance, health insurance and key provider details

General practitioner

GP name

Phone

Practice / address

Email

Pharmacist / pharmacy

Pharmacist / pharmacy name

Phone

Address

Email

Ambulance cover

Company / fund

Cover / membership number

Company contact number

My Health Insurance

Company name

Membership number

Company contact number

Other health service / hospital contact

Other important health service contacts

Diagnoses & medical conditions

What health professionals need to know

Disability diagnoses

Primary diagnosis / disability

Secondary diagnoses / disabilities

Medical conditions and clinical history

Pre-existing medical conditions / significant medical history

Important clinical alerts, precautions or risks

Vision / hearing needs, aids or considerations

Medical orders & advance care

Important documents and instructions

Orders and care directives

Select the current status. Attach a current copy where relevant.

Medical Treatment Order	○ Yes	○ No	○ Unknown
Do Not Resuscitate (DNR) order	○ Yes	○ No	○ Unknown
Advance Care Directive / Living Will	○ Yes	○ No	○ Unknown
End of Life / Palliative Care Plan	○ Yes	○ No	○ Unknown
Community Treatment Order	○ Yes	○ No	○ Unknown

Details, dates, location of documents and important instructions

Funeral director (if applicable)

Funeral director arrangements in place

○ Yes ○ No

Name / company

Phone

Address

Email

Current medications - 1

Please use the most current medication chart where available

Medication list

Include regular, PRN and other medicines. Attach a current pharmacy medication profile if available.

Medication	Dose	Frequency	Time(s)	Route	Prescribed by	Notes / side effects

Current medications - 2

Additional medications and medication support

Additional medication list

Medication	Dose	Frequency	Time(s)	Route	Prescribed by	Notes / side effects

Medication support

How I take my medicines and what support I need (e.g. tablet, syrup, crushed, patch, injection, prompting, supervision)

PRN medication protocol / signs that PRN may be needed / important restrictions

Allergies & adverse reactions

Food, medication and environmental allergies

Allergy summary

Food allergies / intolerances

Medication allergies / adverse drug reactions

Environmental allergies (e.g. latex, bee stings, dust, pollen)

Detailed allergy / reaction table

Allergen	Reaction / symptoms	Severity	Action required	Medication / treatment

My therapists - 1

Key allied health and clinical contacts

Therapy and clinical providers

Discipline	Name	Company	Phone	Email

Examples: Occupational Therapy, Speech Pathology, Physiotherapy, Behaviour Support, Dietitian, Psychology, Counselling.

My therapists - 2

Additional allied health and coordination contacts

Additional providers

Discipline	Name	Company	Phone	Email

Support Coordinator / Psychosocial Recovery Coach

Name

Company

Phone

Email

Address / other contact details

Other nursing / specialist contacts

Continence nurse, social worker, exercise physiologist, specialist doctor or other important provider

My care plans

Tick all current plans that may be relevant to hospital care

Current plans and assessments

- [ ] OT Functional Assessment / Intervention Plan
- [ ] OT Assistive Technology Prescription / Care Plan
- [ ] Speech Therapy Intervention Plan
- [ ] Mealtime Management / Dysphagia Plan
- [ ] Behaviour Support Plan (BSP)
- [ ] Physiotherapy Intervention Plan
- [ ] Psychology Therapeutic Support Plan
- [ ] Exercise Physiology Plan
- [ ] Positive Behaviour Support Interim Plan
- [ ] Speech Communication / AAC Plan
- [ ] Mental Health Recovery Plan
- [ ] Sensory Processing Plan
- [ ] Manual Handling / Transfer Plan
- [ ] Sleep Support Plan
- [ ] Continence Management Plan
- [ ] Nutrition / Diet Plan
- [ ] Visual Schedule / Social Story Plan
- [ ] Equipment Care & Maintenance Plan
- [ ] Mobility Support Plan
- [ ] Epilepsy / Seizure Management Plan
- [ ] Emergency Care Plan
- [ ] NDIS Plan

Other plans / where current copies are stored

Communication

How I communicate and how to communicate with me

How I communicate

- [ ] Spoken words
- [ ] Gestures
- [ ] Other
- [ ] Written words
- [ ] Communication device / AAC
- [ ] Behaviour
- [ ] Auslan / sign language

Other communication method

How I say YES

How I say NO

How you will know I am in pain, unwell, frightened or distressed

To help me understand information, I need

My communication supporter

Name

Phone

Email

Address

Sensory & communication support

What works, what does not, and reasonable communication adjustments

Sensory needs and communication access

What works for me (e.g. speak softly, give me time, quiet room, supporter present)

What does not work for me / things to avoid

Sensory items or environmental adjustments I need (e.g. headphones, weighted blanket, dim lighting)

If I communicate distress or behave in an unfamiliar way, the best way to support me is

Reasonable adjustments I need in hospital

Mobility, equipment & physical support

Movement, transfers, positioning and assistive equipment

Equipment

Equipment I need (e.g. wheelchair, walker, hoist, shower chair, glasses, hearing aids, communication device)

Mobility and transfers

My mobility needs / how I move around safely

Transfer / manual handling instructions, positioning and pressure care needs

Assistance I need

- ☐ Personal care
- ☐ Toileting
- ☐ Drinking
- ☐ Mobility
- ☐ Eating
- ☐ Taking medicine

How many people are required to assist?

Falls risk / other mobility precautions

Personal care & continence

How to support my dignity, comfort and daily care

Personal care

Personal care needs - showering, dressing, grooming, oral care and privacy preferences

Toileting and continence needs / continence products / catheter or bowel care information

Skin integrity, pressure care, wound care or repositioning needs

Sleep routine / overnight support / positioning needs

Other daily living support needs

Mealtime and swallowing

Current Mealtime Management / Dysphagia Plan

○ Yes ○ No ○ Unknown

Eating, drinking and swallowing needs / dysphagia risks / supervision level

Food texture and fluid thickness requirements / IDDSI level if applicable

Positioning, pacing, utensils, prompting or other mealtime instructions

Diet, nutrition and hydration

Dietary requirements, food preferences, intolerances, cultural needs or nutrition support

Fluid intake target / restriction / monitoring requirements

Seizures & medical concerns

Clinical concerns, seizure history and hospital procedures that may be difficult

Seizure history

History of seizures / epilepsy

- ○ Yes
- ○ No
- ○ Unknown

Seizure type, usual presentation, duration, triggers, rescue medication and emergency instructions

Medical concerns / worries

Things that worry or distress me in hospital (e.g. needles, cannulas, masks, noise, past trauma)

- ☐ Breathing
- ☐ Heart
- ☐ Blood pressure
- ☐ Neurological
- ☐ Eating / drinking / swallowing
- ☐ Dietary
- ☐ Other

Details about the concerns selected above

Mental health & behaviour support

Emotional wellbeing, triggers and strategies

Mental health considerations

Mental health diagnoses, considerations, known risks, coping strategies and preferred supports

Behaviour support

Behaviour support needs / behaviours of concern / what staff should understand

My triggers / early warning signs

Things that make me upset or angry

Best ways to support and calm me when I am distressed or escalating

About me

My preferences, comfort, likes and dislikes

What matters to me

Favourite foods

Favourite drinks

My likes

My dislikes

Things that help me feel comfortable, safe and settled

Things that make me anxious, frightened or overwhelmed

How I make decisions

How I prefer to make decisions and how others can support my choice and control

My Dos, Don'ts & routines

Simple instructions that help staff support me well

My DOs - please do these things

Things you should do to help me feel safe, valued and listened to

My DON'Ts - please avoid these things

Things you should not do because they may make me feel unsafe, distressed or not listened to

Important routines

Important daily routines, preferred times, sleep routine, personal rituals or other habits that help me

Vaccination information

Record only what is relevant and current

Vaccination status

COVID vaccination up to date

Yes No Unknown

COVID vaccine type / dose

Date

Influenza vaccination up to date

Yes No Unknown

Influenza vaccination date

Other vaccination

Date

I cannot have COVID / influenza vaccination for medical reasons

Yes No

Medical reason / relevant details

Medicare immunisation history attached

Yes No

Other vaccination information

Restrictive practices

Only complete this section where restrictive practices apply

Important

Any restrictive practice must be documented, authorised and used in accordance with applicable law, NDIS requirements, the participant's behaviour support plan and organisational procedures.

Restrictive practices currently in place

- [ ] Chemical restraint
- [ ] Physical restraint
- [ ] Environmental restraint
- [ ] Seclusion
- [ ] Mechanical restraint
- [ ] Other

Details of restrictive practices, circumstances of use and relevant protocol

State / territory authorisation obtained where required

- ○ Yes
- ○ No
- ○ N/A

Required consent obtained and documented

- ○ Yes
- ○ No
- ○ N/A

Behaviour Support Plan date / version

Authorisation / consent reference

Behaviour Support Practitioner / contact person for restrictive practice questions

Hospital care preferences

How hospital staff can provide safer, person-centred care

My preferences in hospital

Reasonable adjustments I need

Important routines to maintain where possible

People who should stay with me / who helps me feel safe

Who can provide consent for me if I cannot / decision-making arrangements

How procedures, examinations and treatment should be explained or introduced to me

Other important hospital care preferences

Legal & special arrangements

Decision making, pets, caring responsibilities and practical arrangements

Decision making

Best person to make medical decisions if I cannot - name

Relationship

Phone

Email

Guardian / enduring guardian / appointed decision maker details (if applicable)

Special responsibilities and arrangements

I have a pet at home

Yes No

Pet details and who should care for my pet if I cannot

I am caring for another person

Yes No

Who I care for and backup arrangements if I cannot provide care

Special financial or legal arrangements hospital staff should know about

Other special arrangements or practical information

Consent, review & notes

Sharing this passport / support plan and keeping it current

Consent for sharing information

Consent to share My Hospital Passport / My Support Plan with relevant health professionals

- ○ Yes
- ○ No

Date completed

Completed by - participant / family / support coordinator / other

Next review date

Reviewed / updated by

Additional notes

Additional information not captured elsewhere

Privacy and document management

Please store securely

This passport / support plan may contain sensitive personal and health information. Share it only with people who need the information to provide support or health care, and keep electronic and printed copies secure. Replace old copies when details change.

Useful WA support contacts

People with Disabilities WA (PWDWA): 08 9420 7279 / 1800 193 331

Health Consumers Council WA (HCCWA): 08 9221 3422 / 1800 620 780

Department of Communities - Office of Disability: 1800 176 888

Contact details can change - verify current details before relying on them.