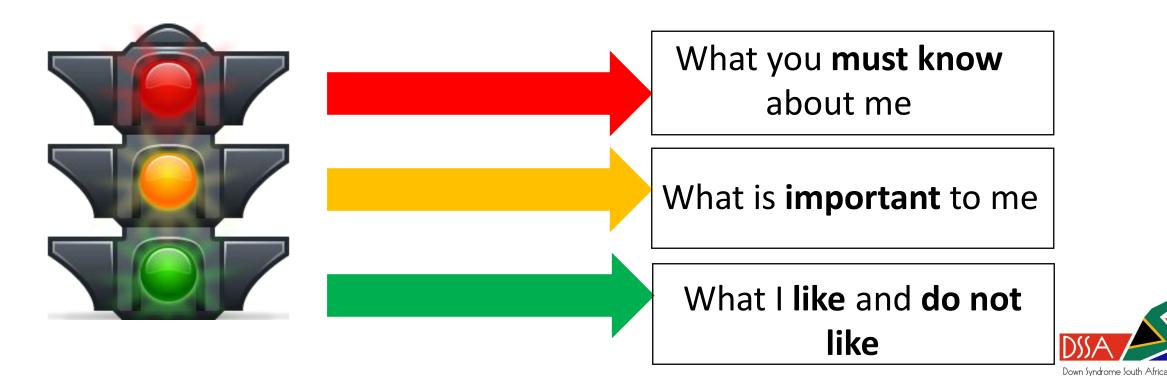
This book is my Hospital Passport

It has information all about me. Please make sure you read it.

If found, please return to

Name: Contact details:

All information in the book is colour coded:



Name and Surname:
What I like to be called:
Age:
D.O.B:

[PHOTO ID]



MY PERSONAL INFORMATION **Contact Number:** Parents Contact Details: Main Caregiver: **Health Conditions:** HomeLanguage:

Verbal	Y/N
Non-Verbal	Y/N
Uses Sign Language	Y/N
Toilet Trained	Y/N
Needs assistance in walking	Y/N

Needs Assistance in self-care
Bathing
Washing hands/face
Getting Dressed
Getting undressed
Brushing teeth

Sensory Challenges Noises Light Water Food textures Clothing Textures			
Any other:			
Behaviour Challenges:			
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Fears/Phobias:			

What gives me comfo	ort:		

Likes:		

Dislikes:				
			•	

