

## This book is my Hospital Passport

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

If found, please return to

**Name:**

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**Contact details:**

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All information in the book is colour coded:



What you **must know**  
about me



What is **important** to me



What I **like** and **do not**  
**like**

Name and Surname:

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What I like to be called:

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Age:

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D.O.B:

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[PHOTO ID]



Down Syndrome South Africa

MY PERSONAL INFORMATION

Contact Number:

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Parents Contact Details:

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Main Caregiver:

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Health Conditions:

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HomeLanguage:

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## Sensory Challenges

Noises

Light

Water

Food textures

Clothing Textures

Any other:


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## Behaviour Challenges:

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Fears/Phobias:

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What gives me comfort:

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Likes:



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Dislikes:



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Any other information I want you to know:

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