



My Coronavirus hospital passport

Add photo here



My name is



My carer's name is



My carer's telephone number is



I can say yes and no



Yes



No

I am allergic to some medicines



Yes



No

I am allergic to the following medicines

A hand holding a black pen is positioned at the top left corner of a large, empty white rectangular box, indicating a space for writing.

I usually breathe without help



Yes



No

I need the following help to breathe

A hand holding a black pen is positioned at the top left corner of a large, empty white rectangular box, indicating a space for writing.



My airway is usually clear



Yes



No

I have the following difficulty with my airway



I have a medical condition, like asthma



Yes



No

I have the following medical condition

I take regular medication



Yes



No

I take the following medication



I can take my medicine



By myself



With support



As a liquid

I can usually swallow without help



Yes



No

I have the following difficulties swallowing



When I have blood tests I need



No support



Support



Sedation



No plaster

I need the following support when I have blood tests



I have a special diet



Yes



No

To help me eat I need:



Food liquidised



Food mashed



Food cut small



Food cooled



Specialist equipment



No support



Something else

Please tell us

A hand holding a black pen is writing on a white rectangular box.

I need support to drink



Yes



No

To help me drink I need:



Small amounts



Thickened



Cooled



Something else

Please tell us



My Communication

I communicate using:



Speech



Signing



Pictures or symbols



Something else

Please tell us

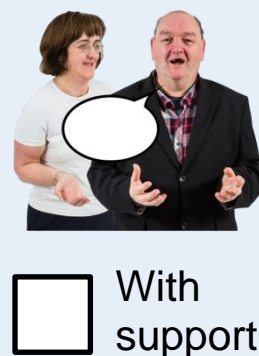




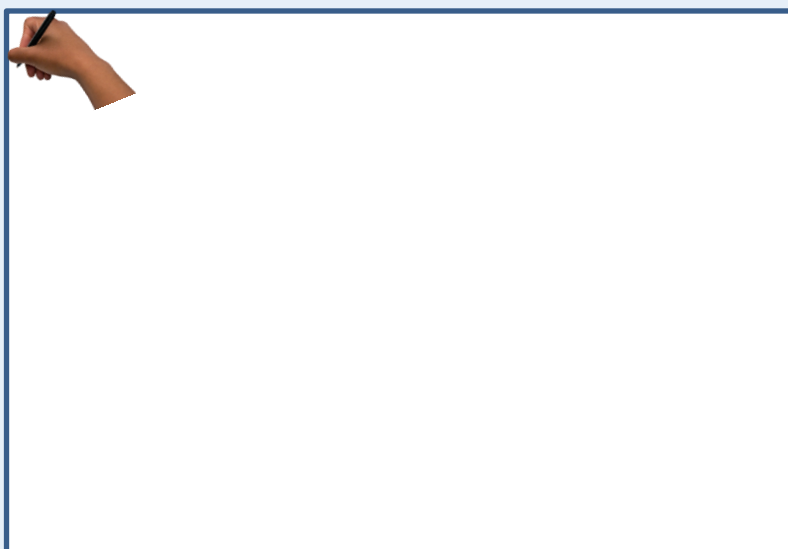
My preferred language is



I can understand information



I will show you I am in pain by:



I will show you I am worried or upset by:

