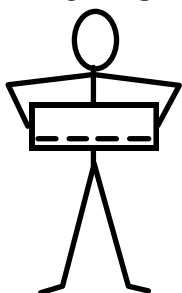


My Hospital Book

Information about me,
my health and
my care needs.

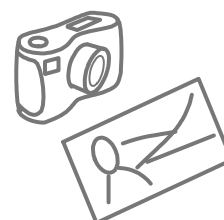
Name My full name



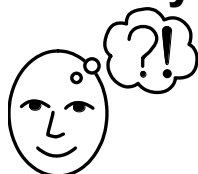
.....
I like to be called

.....

Space for
a photo if
you wish

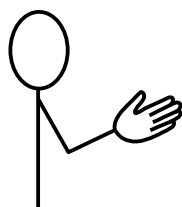


**Learning
Disability**



I have a Learning Disability which means I may
need extra support with some things.
You may need to explain things to me carefully.

Helper



I often have support from another person
whose phone number is on page 1.

If I have come to hospital on my own,
please tick and date here to confirm
that my supporters know that
I am in hospital.

✓	Admission date
/...../.....
/...../.....
/...../.....
/...../.....

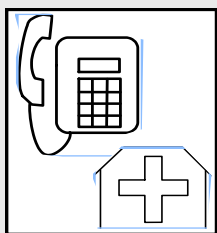
This booklet contains vital information for health staff

The Learning Disability Health Liaison Team



There are Specialist Learning Disability Staff assigned to this hospital. Please contact them via the hospital switchboard for support with any hospital issues.

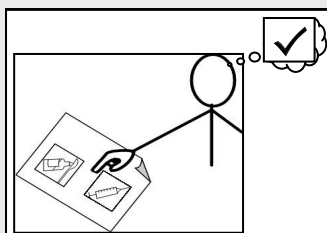
Phone the hospital and ask for 'Learning Disability Liaison'.



Worcestershire Royal01905 763333 via pager
Alexandra at Redditch01527 503030 via pager
Kidderminster.....01527 503030 via pager

You can also contact the Liaison Nurses directly: Kay Dalloway 07918 748469
Jane Bullock 07767 442222

You can also contact the Hospital Carer Support Team: Worcester 01905 733764
Alexander: 01527 503030 ext 44077



Making Decisions about your Health

Hospitals have rules they must follow to make sure that people can make decisions about their own health.

There are also rules about what to do when some decisions are too complex or difficult for a person to make.

The rules are called **the Mental Capacity Act**.

The Mental Capacity Act 5 principles.

- Everyone is able to make their own decisions, unless there is proof they cannot.
- Doctors and nurses have to give you the information you need to make the decisions. They have to try to give you the information in a way you can understand. They should ask your family or carers to help.
- If making the decision is too difficult, the doctors and nurses must make a decision for you. They must listen to the people who know you well. Together they must choose what they think **you** would choose if you could.
- If you can understand all the information, you are allowed to make a decision that may not seem wise.
- If other people make the decision for you, they must choose the option which least restricts your rights.

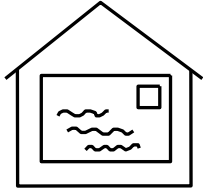
Speak to the Learning Disability Health Liaison Team for more information or help.

Important information about me

Name and Address

Name..... Date of Birth

Address



Postcode Telephone

Religion

Health action plan

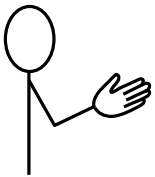


I have a Health Action Plan, please ask me or my carers to show you.

My health action plan is kept

People who support me

My helpers



My next of kin ...

I am often supported by ...

Name.....

Name.....

Relationship.....

Relationship.....

Telephone

Telephone

Please make sure they are contacted if I come into hospital.

Understanding Information and Making Decisions

Please speak to me **slowly using simple language**.

Give me **time to think** and then **check I have understood** what you have said.

(Please put a or a in each box.)

Communicating

I can speak and I understand speech.

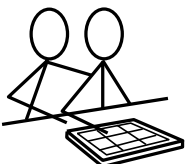
I can read I can write

I use different ways to communicate. Please see the box below and talk to my carer / supporter to find out more about communicating with me.

I would like support from when I need to make decisions and understand information about my health.



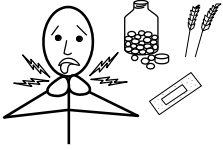
Here are some ways to **help me communicate** ...



There is space for more writing on the back.

My Health

Allergies



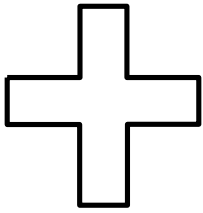
I am allergic to or I react badly to ...

Learning Disability



Information about my learning disability and its causes ...

Health



I have these health problems ...

Medication

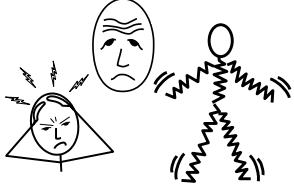


I take regular medication, the details are ...

I need help taking my medicine, please help me by ...

There is more space on the back, or you can attach more paper.

When I feel ill



I show I am in pain or unwell by ...

Please remember: An unexplained change in my behaviour probably means I am ill or in pain.

Support



I need some special help with ... (please)

Eating, drinking and diet

Going to the toilet

Looking after myself

Getting around and help with posture

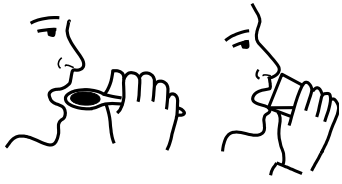
Keeping safe

Night times

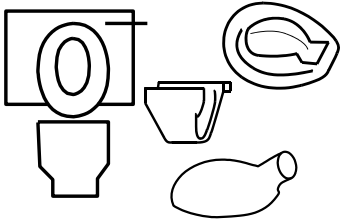
I explain what help I need on page 3.

I need help with ...

Eating, drinking
and diet



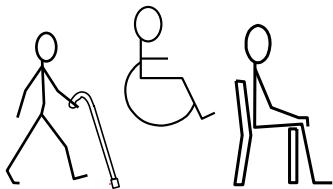
Going to the toilet



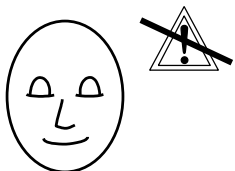
Looking after
myself



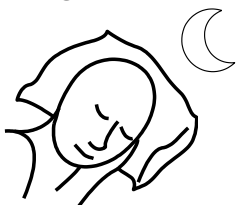
Getting around and
help with posture



Keeping safe

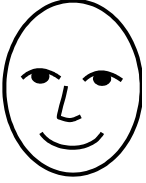


Night times



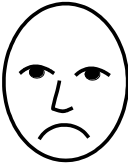
About me

I like



Things that make me feel more comfortable in hospital ...

I don't like



Things that might make me uncomfortable or upset ...

Stop



Please don't ...

Other people who help me with my health

Doctor



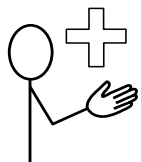
My Doctor (GP)

Name:

Surgery:

Telephone:

Health
Facilitator



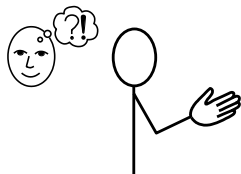
My Health Facilitator (someone who helps me to get health services)

Name:

Telephone:

Learning Disability

Team worker

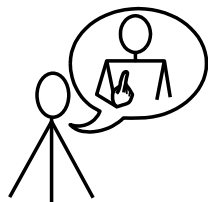


My Community Learning Disabilities Team worker

Name:

Telephone:

Advocate



My Lasting Power of Attorney (Mental Capacity Act)

Name:

Telephone:

Relationship:

Name:

Telephone:

Relationship:

Name:

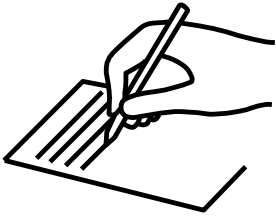
Telephone:

Relationship:

Name:

Telephone:

Writing



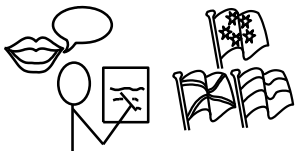
Use this space if you need to write more information about anything in this booklet.

More information



Is there anything else you think the doctors and nurses at the hospital need to know about you?

Different languages



If you would you like this leaflet in another language or format, e.g. Braille, please contact Patient Services on 01527 512177

Bengali “আপনি যদি এই লিফলেটটি বিকল্প কোনো ভাষায় বা ফরমেটে (যেমন ব্রেইল বা সহজ পাঠ) চান, তাহলে এই নম্বরে 01527 512177 প্যাশেন্ট সার্ভিসের সাথে যোগাযোগ করুন।”

Urdu “اگر آپ کو یہ دستی اشتہار کسی مُتبادل زبان یا ساخت میں چاہیے (جیسے کہ بریل / ایزی ریڈ) تو پبیشنٹ سروسز سے 01527 512177 پر رابطہ کریں۔”

Portuguese

“Por favor, contacte os Serviços de Apoio ao Paciente através do número 01527 512177, caso precise deste folheto numa língua alternativa ou formato (como Braille / fácil de ler).”

Polish

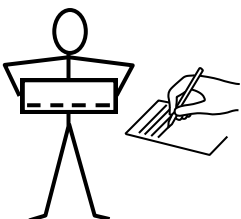
“Jeżeli pragniecie Państwo otrzymać tę broszurę w innym języku lub formacie (Braille / duży druk) proszę skontaktować się z Obsługą Pacjentów pod numerem 01527 512177.”

Chinese

“如果您需要此份傳單的其他語言選擇或其他版本

(如盲人點字版/易讀版容易的閱讀),請致電 01527 512177 與病患服務處聯繫。”

Written by



This form was filled in and / or changed by:

Name Date

Name Date

Name Date