Hello.

This is my Patient Passport.
People who care for my health please read.

This contains my health conditions and preferences. This document is not intended to replace or duplicate a medical record.

My name is:

Date:
Notes:
Demographic Information

Name

Address

Preferred Language

Birth Date

Phone Number

People who need to be contacted (Family, caregivers)

Things I always need with me (glasses, dentures etc.)

When in pain, I get comfort from:

I have a care-plan:  _______Yes  _______ No
More about me

I have been diagnosed with the following conditions:

•
•
•
•
•
•
•
Patient passport for:
Additional Information
Patient passport for:

I am allergic to:

I have a disability or impairment (describe):

My previous hospitalizations or medical procedures:
  Date/Event:

  Date/ Event:

  Date/ Event:

Need more space? Insert additional list in the back cover.
My Care Preferences

Right now, this is what I need most:

Things I need extra help with (check all that apply):

___ Walking
___ Bathing
___ Drinking
___ Hearing
___ Dressing
___ Eating
___ Using the toilet
___ Understanding medical terms
___ Remembering what I am told
___ Other
Patient passport for:

Specialist:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

Other related notes:
Additional Information

My primary care physician:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:

Specialist:

Phone:

Related Condition:
Patient passport for:

I can arrange good support from family and friends to help me in my treatment and recovery:

Always   Sometimes   Rarely   Never

I would like help with this: Yes       No

I feel comfortable asking questions, taking notes, or speaking up about my thoughts and concerns:

Always   Sometimes   Rarely   Never

I would like help with this: Yes       No

I would like help discussing or recording my preferences for an advance directive and/or end of life care.

Yes       No
My Care Preferences

I cope well with my health conditions when...

What bothers me most about my health conditions is...

I am seeking treatment because I want to be able to...

Please insert a timeframe and answer the following:

_______ months later, I want to be able to...
Patient passport for:

My home life (e.g. I live alone, with family, etc)

When I get home, I need to do the following:

To know me or to care for me, means that you have to know that...

Please honor my choices about the care I would or would not like to receive if incapacitated and/or at the end of life

I have recorded my preferences and they can be found at this location and/or with this person who I designate as my representative:
Planetree Passport Version 1.0 based on the National Quality Forum Version 1.0 created in partnership with the Patient and Family Engagement Action Team convened by National Quality Forum.