|  |
| --- |
| I have a Learning Disability.  This profile is to support staff caring for me in the hospital. More in-depth information can be found in my ‘hospital passport’ document. |
| My name is: My date of birth is: |
| ………………………………………….. ....…./.…../…….. |
| My next of kin: |
| Name:  Address:  Telephone number: Relationship to me: |
| What I am like when I am well: (appearance, behaviour, speech, mood, thoughts, perception, cognition, insight and judgement) |
|  |
| How I communicate with others: |
|  |
| My medical conditions: (include allergies, epilepsy, mobility, swallowing difficulties, bleeding disorders, diabetes and any other diagnosed conditions) |
|  |