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| 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) |
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| How I communicate with others: |
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| My medical conditions: (include allergies, epilepsy, mobility, swallowing difficulties, bleeding disorders, diabetes and any other diagnosed conditions) |
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