

# Accident and Emergency Passport

**THIS BOOK BELONGS TO:**

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**This book is to be given to emergency staff if you're in an accident or require medical assistance. Print and complete all sections of the book, keeping it on you at all times.**

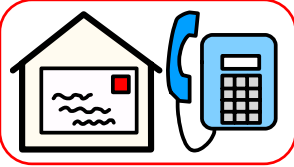


Name:

Likes to be known as:

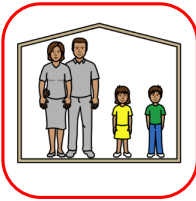


Date of Birth:



Address:

Phone:



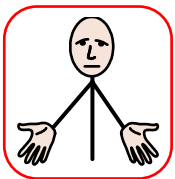
Next of Kin contact:

Relationship :

Mum, Dad, Friend, Partner or Carer

Address:

Tel No:



My support needs and who gives me the most support:



Supports



Who I live with:



GP:

Address:

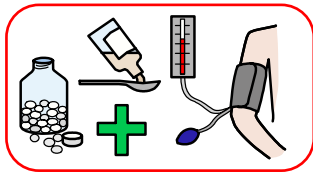
Tel No:



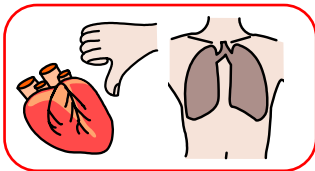
**Allergies:**



Other services/professionals involved with me:



**Medical Interventions - how to take my blood, give injections, BP etc.**



**Heart/Breathing problems:**



**Risk of choking, Dysphagia (eating, drinking and swallowing):**



**Current medication:**

A large, empty rectangular box with a red border, intended for writing the current medication.



**My medical history and treatment plan:**

A large, empty rectangular box with a red border, intended for writing medical history and treatment plans.



**What to do if I am anxious:**

A rectangular box with a red border, intended for writing strategies to manage anxiety.