

✚ My Hospital Passport ✚

I am a Deaf, British Sign Language User

This Passport is to help you understand my Communication and Language so I have full access to information about my medical needs.

My name is:

I might have a 'Sign-name'

I have... (Please tick)

... a **Deaf Community Officer (DCO)**

... a **Social Worker**

They can be contacted at **Deaf Services, By Sight for Surrey:**

Voice line: **01372 377701**

SMS: **07860 026269**

Skype ID: **sensory.services**

FaceTime: **dutysw@sensoryservices.org.uk**



Emergency contact details

Name:

Relationship to me:

Telephone number (SMS only):

Email address:

(Please tick)

My first language is British Sign Language (BSL)

I communicate using...

... Sign Supported English (SSE)

... International Sign Language

... 'Hands-on' Sign Language

I have a combined sight and hearing loss

I must have a BSL Interpreter to communicate

I can communicate with written notes

I cannot understand lip reading - please do not rely on this to communicate with me

I have...

... a hearing aid(s)

... a Cochlear Implant(s)

... a Bone-anchored hearing aid(s)

You can book me an NRCPD registered Interpreter via Interpreting & Communicating Services:

Dedicated interpreting voice line: **01372 869967**

SMS: **07464 549406**

Fax: **01372 353500**

Skype ID: **interpreting.sensoryservices**

Email: **interpreting@sensoryservices.org.uk**

Important information about me

(Please tick)

- | | | |
|--|-------------------------------------|------------------------------------|
| Hearing Aids (include batteries) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mental Health | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stroke | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Usher syndrome | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Glasses | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Magnifier | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medication (If yes, please specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- | | | |
|---|-------------------------------------|------------------------------------|
| Allergies (If yes, please specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|-------------------------------------|------------------------------------|

Religion: (Please specify)

GP name:

GP address:

GP telephone number:

More about me

Tips:

Please do...



... **be aware of lighting and positioning** when communicating with me. Lighting behind you makes it difficult for me to see your face.



... make sure you have my **attention** before you communicate with me.



... keep your face **visible**.



... remember to give me all the information via my Interpreter **before** any health check or medical procedure starts.



... use pen and paper to communicate **simple** information (NOT complex things).

Please don't...



... **cover** your mouth.



... **shout**.



... **assume** I can see the Interpreter. If I am lying down or have had eye drops, for example, it will be difficult to see the Interpreter.



... **wait** until after my treatment to explain all I need to know.

Interpreters - rules for easy use



Please do...

... speak directly to the Deaf person
- NOT to the Interpreter.

... allow the Interpreter to sit opposite the Deaf person
and near the hearing person talking / conducting the meeting.

... make sure the Interpreter can see the Deaf person clearly.

... try to ensure that there is no background noise,
so the Interpreter can hear properly.

... send ANY useful information to the Interpreter
well before the appointment or meeting,
to give them time to prepare.

... remember the Interpreter will interpret
EVERYTHING that is said or signed.

... book two Interpreters for an event
lasting half a day or longer.



Please don't...

... allow more than one person to speak at a time.

... expect an Interpreter to work continuously for more than 30-45 minutes, allow regular breaks.

... feel uncomfortable if the Deaf person looks at the Interpreter, rather than you.

... ask the Interpreter to give advice or offer opinions during the interpreting task.

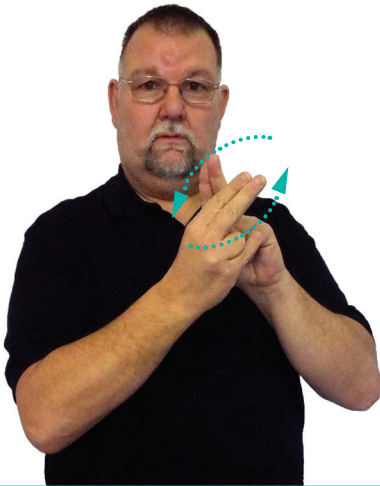
... ask the Interpreter for personal details during the interpreting task (i.e. information you may think the Interpreter has having worked with client previously, they are bound under a code of ethics and confidentiality)

... expect the Interpreter to take sides, they will remain neutral.

Useful signs



Pain



Need an Interpreter



Water



**Hot / cold
food**



**Bathroom /
toilet /
shower**



**Fresh air /
walk**



**TV /
subtitles**



**Wash /
toothbrush /
shave**



**Blankets
(cold?)**



**Extra
pillow**

Food and dietary needs

(Please tick)

I have dietary requirements Yes No

Below I have marked my specific requirements.

(Please tick)



Kosher

Yes No



Halal

Yes No



Gluten free

Yes No



Dairy free

Yes No



Vegetarian

Yes No



Vegan

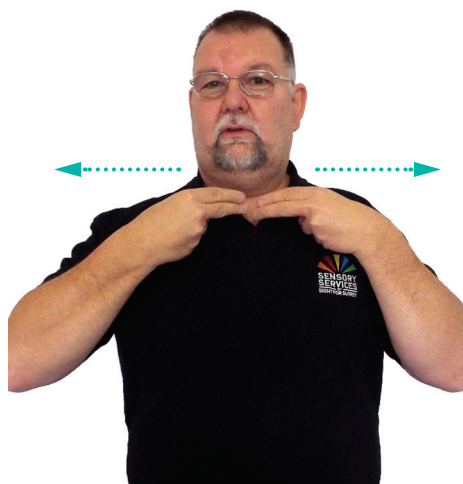
Yes No

Other (If yes, please specify) Yes No

BSL Signs



Doctor



Nurse



Tablets



Toilets (either)



Tea



Coffee



Meal



Walk

When I am ready to be discharged from hospital please contact the Deaf Services Team in order for them to inform my local council.

**Deaf Services,
By Sight for Surrey:**

Voice line:

01372 377701

SMS:

07860 026269

Skype ID:

sensory.services

FaceTime: **dutysw@**

sensoryservices.org.uk

Email: **dutysw@**

sensoryservices.org.uk

**RAD (Royal Association
for Deaf people):**

Telephone / SMS:

07969 415170

RAD Support worker
contact name:

RAD Support worker
contact SMS:



Please return my Hospital Passport to me when I go home.