

# The Health Passport

## What is it?

The Health Passport is a communication tool that is patient owned.

Patients decide on the Information that goes in it and who they give it to.

It is designed to be given to health professionals so they understand the patients' support needs.

This tool allows people to write down what they want a health professional to know about them. People who have a disability often have complex needs. Their needs can be difficult to explain, especially in acute situations.

Examples could be their preferred method of communication, their physical needs or their sensory needs.

Expressing their support needs via a Health Passport can offset anxiety. Using this tool means that patients don't have to repeat themselves.

The Health Passport is easily identified by its purple cover. It is available in A5, A4 easy read and electronic versions.

## What is the clinician's role in connection to it?

Clinicians are being asked to be aware of the existence of the Health Passport.

There are currently (2016) about 6,500 in circulation in the Greater Wellington area. Majority of users have a disability. They take the use of the Health Passport seriously.

Please ask patients in your care if they have one.

Please read a patient's Health Passport. The information contained will give you a better insight into the patients specific support needs.

This tool is an opportunity to assist with the excellent care provided by CCDHB

## For further information

**Disability Responsiveness Advisor / Educator (CCDHB):** Coll O'Connor. Phone: 04 806 0629 ext: 80629 Mobile: 027 801 6527 Email: Colleen.O'Connor@ccdhb.org.nz



## Disability Support Needs Form

The Disability Support Needs (DSN) form is a tool used to create Disability Alerts on the DHB computer system (PAS, MAP and Concerto).

Alerts can be created for a number of disability categories such as Hearing, Vision, Speaking, Physical, Mental Health, Learning and Remembering and Chronic Condition or Health Problem.

The patient is responsible for completing the form in the first instance.

**Note:** If the patient has an obvious intellectual/learning impairment then they will need to have a parent, guardian or legal support person to help fill this in.

DSN forms are usually handed in to frontline staff, who will then contact the Disability Responsiveness Programme Coordinator (Strategy Innovation Performance Directorate. L12 Grace Neil Block).

The Programme Coordinator will collect the forms, confirm details with the patient and check the quality of the information before creating a disability alert.

The Programme Coordinator and the Disability Responsiveness Advisor will make sure that the Health Passport and DSN stocks are replenished in their respective areas. Eg: Front desk reception, Outpatients, Health centres.

DSNs are not just distributed by the DR team. Other organisations such as the Needs Assessment and Service Coordination (NASC) or community organisations such as the Disability Advisory Group will ask the Programme Coordinator for DSN forms as well.

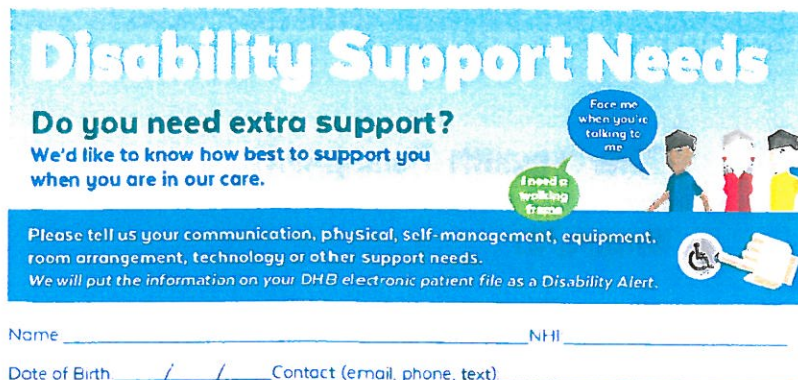
**For further information contact:** Bryony Murray

**Programme and Performance Coordinator: SIPD. CCDHB**

Phone: 04 3855 999 ext: 82434

Email: [bryony.murray@sidu.org.nz](mailto:bryony.murray@sidu.org.nz)

DSN Forms can be emailed to: [srdag@sidu.org.nz](mailto:srdag@sidu.org.nz) or phone 0800 347224



**Disability Support Needs**

**Do you need extra support?**  
We'd like to know how best to support you when you are in our care.

Face me when you're talking to me  
I need a walking frame

Please tell us your communication, physical, self-management, equipment, room arrangement, technology or other support needs.  
We will put the information on your DHB electronic patient file as a Disability Alert.

Name \_\_\_\_\_ NHI \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact (email, phone, text) \_\_\_\_\_

# Disability Support Needs

## Do you need extra support?

I need a Sign Language interpreter

Face me when you're talking to me

I need a walking frame

Let us know what your needs are by filling in this form. We will put this information on your DHB electronic patient file as a Disability Alert.



Name: \_\_\_\_\_ NHI: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

### Hearing

If you are deaf or have difficulty hearing.

### Seeing

If you are blind or have difficulty with seeing that is not corrected by glasses or contact lenses.

### Speaking

If you have difficulty speaking or being understood because of a long-term condition or health problem.

### Physical

If you have a physical impairment or use specialised or technical aids. E.g. Walking frame, artificial limb or have difficulty moving around.

**Turn over to complete form**

## Mental Health

If you experience long term mental health issues.

## Learning & Remembering

If you have a learning (intellectual) disability or memory impairment. E.g. Significant dyslexia, alzheimer's disease.

## Chronic Condition or Health Problem

This can include a wide range of conditions such as cystic fibrosis and diabetes, and other conditions and impairments that do not easily fit under the other categories.

Is there anything else you want us to know about your support needs?

## Health Passport

Do you have a Health Passport?

*yes*

*no*

Would you like one?

*yes*

*no*

If **yes**, please write postal address below:

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Please return this form to:

**email** [srdag@sidu.org.nz](mailto:srdag@sidu.org.nz)

**phone** 0800 DISABILITY **or** 0800 347224

**post** Disability Responsiveness, Level 12 GNB, Private Bag 7902, Newtown, Wellington

If you have any questions or feedback please contact

04 806 2434 | 04 806 2436 | [healthpassport@ccdhb.org.nz](mailto:healthpassport@ccdhb.org.nz)

