Hospital Passport for someone with **Smith-Magenis Syndrome**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **My name:**  |  |  | **NHS number:** |  |
|  |  |  |  |
| **Date of Birth:** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address:**  |  |  | **Telephone:** |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Name of key contact person:** |  |  | **Relationship to me:** |  |

|  |  |
| --- | --- |
| **GP name and address:** |  |
|  |  |
| **Other professionals/services involved with me:** |  |

|  |  |
| --- | --- |
| **How I communicate/what language I speak:** |  |

|  |  |
| --- | --- |
| **Current medication:** |  |
|  |  |
| **Medical treatment plan:** |  |
|  |  |
| **Medical history:** |  |
|  |  |
| **Allergies:** |  |
|  |  |
| **Heart and breathing problems:** |  |
|  |  |
| **Risk of choking, dysphagia (eating, drinking and swallowing):** |  |
|  |  |
| **What to do if I am anxious:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Things I like (please do this)**  |  | **Things I don’t like (don’t do this)**  |  |
|  |  |