

# Hospital Passport for someone with Smith-Magenis Syndrome

My name:	<input type="text"/>	NHS number:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Address:	<input type="text"/>	Telephone:	<input type="text"/>

Name of key contact person:	<input type="text"/>	Relationship to me:	<input type="text"/>
GP name and address:	<input type="text"/>		
Other professionals/services involved with me:	<input type="text"/>		

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) ☹️
<input type="text"/>	<input type="text"/>

