



# Easy Read – Hospital Stay Guidelines

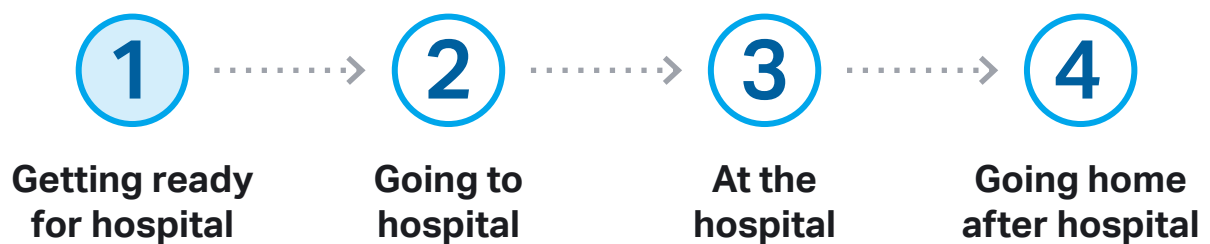
A guide for people with disability,  
families, friends and carers

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## Getting ready for hospital

## Hospital Stay Guidelines – Easy Read Series



The Department of Health thanks Developmental Disability WA and members of their Advisory Council who helped co-design the Easy Read – Hospital Stay Guideline.

Hard words are written in **bold** and **blue**.



This is book 1 of 4 books that tells you about being in hospital.



This book tells you how to get ready to go to hospital.



If you know you are going to hospital you can think about what you need.



Talk to your usual doctor about what you might need.



Your usual doctor will be able to answer any questions you have.



Your health information is important for the hospital.



## My Health Record

A **My Health Record** is a document that shows your health history and medical information.

**My Hospital Passport**


Put a photo of me here

My full name is: \_\_\_\_\_  
I like to be called: \_\_\_\_\_  
I live with: \_\_\_\_\_  
(house-mates, parents, co-resident)  
Hours of staff help I get each day: \_\_\_\_\_

Who to contact if you want to know more about me:  
Name: \_\_\_\_\_  
Phone numbers: \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
**Drugs that I must not have:** \_\_\_\_\_

When I go to hospital this book must go with me.  
All people who work at the hospital **must read this book before they help me.**  
This book tells people important things about me.

 This book should be kept at the end of my bed.  
Please give my hospital passport back to me when I leave hospital to go home.

Who filled in this form: \_\_\_\_\_  
Please sign your name here: \_\_\_\_\_ Date: \_\_\_\_\_

You can also use a **hospital passport**. A **hospital passport** is a document that shows your health history.

You can get help from your support person to print out a **hospital passport** from the internet. They can help you fill it out to have ready for any hospital visits.  
[ddwa.org.au/support-info/health](http://ddwa.org.au/support-info/health)

Please use I.D. label or block print

<b>DISABILITY HEALTH PROFILE (ADMISSION INFORMATION)</b>		SURNAME		TUMRN	
		GIVEN NAMES		DOB	
CLINIC		ADDRESS		POSTCODE	
CLINICIAN				TELEPHONE	
Admission Date		NDIS Number		Date of next plan review:	
Reason for person attending hospital		NDIS Plan in place: <input type="checkbox"/> Yes <input type="checkbox"/> No		NDIS Plan nominee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOK aware of admission <input type="checkbox"/> Yes <input type="checkbox"/> No		Support coordinator Contact details:			
Name of NOK		Service Provider's: Request copy of care plan for this file			
NOK Phone					
Is the individual able to make decisions independently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Funding source		<input type="checkbox"/> NDIS <input type="checkbox"/> MyAgedCare <input type="checkbox"/> ICWA <input type="checkbox"/> Enduring Power of Attorney <input type="checkbox"/> Enduring Power of Guardianship <input type="checkbox"/> Administration Order <input type="checkbox"/> Guardianship Order <input type="checkbox"/> SAT in progress <input type="checkbox"/> Hearing date (if known): Other:	
Primary Language		Interpreter required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential Status		<input type="checkbox"/> Own home <input type="checkbox"/> Private rental <input type="checkbox"/> Public rental <input type="checkbox"/> Other: <input type="checkbox"/> Lives alone <input type="checkbox"/> Lives with others <input type="checkbox"/> Formal supports (paid) <input type="checkbox"/> Informal supports (unpaid)		Details:	
Disabilities		<input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Neurological <input type="checkbox"/> Neurodivergent <input type="checkbox"/> Intellectual <input type="checkbox"/> Developmental <input type="checkbox"/> Psychosocial Specify:			
Behaviours of Concern		Positive Behaviour Support Plan in place:		<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, request copy for file) If yes, PBS practitioner details:	
Cognition		Cognitive Impairment: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Mental Health		Risk Assessment and Management Plan (RAMP) <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment Support and Discharge Plan <input type="checkbox"/> Yes <input type="checkbox"/> No			
Communication		<input type="checkbox"/> Independent <input type="checkbox"/> Assisted If assisted, details:			
Specialised Equipment		Environmental Requirements (Eg lighting, noise control and/or other)			
		Independent (Risk)		Assisted (Risk)	
		Comments (note level of assistance required and equipment needs)			
Mobility					
Personal Care					
Toileting					
Eating / Drinking					
		Continent		Incontinent	
		Comments (note any equipment / consumables required)			
Bladder					
Bowel					
Signature		Name		Designation	
				Phone / Pager	
				Date	

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The [Disability Health Profile form](#) can help tell others about your disability.

Your support person can help you to print the form from the internet and help you fill it out.

This form will let the hospital know about your needs.

[www.health.wa.gov.au/~media/Corp/Documents/Health-for/Health-Networks/Disability/Part-5-Disability-Health-Profile-Form.pdf](http://www.health.wa.gov.au/~media/Corp/Documents/Health-for/Health-Networks/Disability/Part-5-Disability-Health-Profile-Form.pdf)



This will let doctors know all your important health information.



You can plan who will make choices for you.



This can be a:

- family member
- friend
- carer
- guardian
- support worker.





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in other formats.

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