

# My Health Passport

## Getting to know you

The purpose of this form is to help us partner with you in providing the best individualized care we can. Every individual is unique, and we want to learn how to best partner with you during your stay.

Full Name: \_\_\_\_\_

I prefer to be called: \_\_\_\_\_

Date reviewed: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### Needs:

When my needs are not being met, I tend to:

- Keep it to myself
- Anxious/Stressed
- Yell/Become Angry/Upset
- Other: \_\_\_\_\_

### Triggers:

Here are some things I am extremely sensitive to (Diet order is wrong, lack of sleep, pain not under control):

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### These things help me relax:

- Reading
- Listening to Music (Relaxation Video in Get Well)
- Quiet Time
- Talking to others
- Watching TV
- Other: \_\_\_\_\_

### I prefer to take my meds with:

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### Distress:

Signs I am becoming distressed (get quiet, yell, pace the room, no eye contact, become angry, refuse care, demanding, curse):

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### Other Ways to Help (Food, drink, Hobbies, etc.):

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### Ways to help:

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*VUAH is intolerant to disrespectful and violent behavior.*

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