



Fold 1

**RARE  
Patient  
Passport**

# THIS IS ME

Name

Known as

Date of birth

Medical ID / NHS number

Completed by

Updated on



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## CONTACTS



Medical specialist  Phone

GP Surgery  Phone

Emergency contact  Phone

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## DIAGNOSIS / SYMPTOMS



Primary diagnosis

Key clinical features / symptoms

Weblink to condition information

Additional diagnosis or symptoms

Additional diagnosis or symptoms

Additional diagnosis or symptoms

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## CLINICAL INFORMATION



Medications and dosage

Is emergency care frequently required?  
 No  Yes (see emergency care record on next page)

Seizures  
 No  Yes (see neurology section on next page)

Respiratory issues

Allergies

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## TOP 3 THINGS TO KNOW

1

2

3

PRESENT THIS PASSPORT TO  
MEDICAL OR CARE STAFF



## ADDITIONAL INFORMATION

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# EMERGENCY CARE RECORD



HISTORICAL INSTANCES OF A&E VISITS

Average frequency of emergency care

weekly  monthly  annually  less often



Date	Presentation / symptoms

Treatment	Outcome

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## MY NORMAL



Height  Weight

Pain

Neurology & neurodivergence

Major surgery history

Implants / lines / tubes

Mobility

Sensory impairments

Equipment & devices used

Toileting

Additional information about me or about caring for me

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## CARING FOR ME



Key things to know about caring for me

Communication

Eating & drinking

Likes

Dislikes

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### DISCLAIMER

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