

PARKINSON'S PASSPORT

Going to Hospital Checklist

Complete this form to help improve the quality of your care during planned or emergency hospital admissions.

Speech: Does Parkinson's affect your ability to communicate? Do you use any communication aids?

Eating and drinking: Do you have a special diet. Do you require help with eating and drinking?

Walking: Can you move around on your own? Do you use any equipment to assist with mobility?

Personal Care: Do you require assistance with washing or bathing? Do you use a handrail or raised toilet seat?

Sleeping: Do you need help to turn over in bed? Do you use a back-rest?

Cognitive needs: Do you experience cognitive difficulties? Do you use any aids to prompt your memory?

Other information: Do you have any religious or cultural needs?

Keep this form on the fridge door. Let others know where it is. Also share copies with carers.

Website: www.parkinsonsnsw.org.au **InfoLine:** 1800 644 189 **email:** pnsnw@parkinsons.org.au

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Medication on time, every time

Name:

Date form completed:

I am taking the following medications:

Note: This includes both Parkinson's and other medications

Drug Name <i>(Include both brand and generic names)</i>	Dose	Times I need to take my medication	Wearing off symptoms	Special requirements <i>(e.g. Need to take medication with food?)</i>

Suggestion: Also take the medication list from the back of your Webster Pak with you to the hospital. It will provide the most up-to-date information for staff.

Keep this form on the fridge door. Let others know where it is. Also share copies with carers.