



Fold 1

## RARE Patient Passport

# THIS IS ME

Name

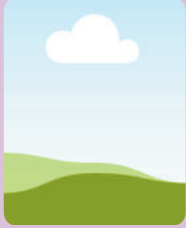
Known as

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

MORE ON NEXT PAGE >>

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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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