Passport

About me
About Me

Name: ________________________________
Address: ______________________________
Post Code: ______________________________
Email: ________________________________
Telephone: ______________________________
Mobile: ________________________________
Date of Birth: __________________________
National Insurance Number: ________________

My condition is: ________________________________

I prefer to communicate with you:

☐ letter  ☐ phone  ☐ email  ☐ British Sign Language
☐ face to face  ☐ text  ☐ braille  ☐ easy read

I prefer information to be given to me by:

☐ letter  ☐ phone  ☐ email  ☐ British Sign Language
☐ face to face  ☐ text  ☐ braille  ☐ easy read
Things that increase my anxiety:
(please tick the boxes that apply to you)

☐ travelling to centre  ☐ crowds
☐ unfamiliar environment  ☐ noise
☐ inconsistent staff  ☐ smells
☐ waiting  ☐ reading
☐ writing  ☐ working in groups
☐ others: ____________________________________________

Situations I find difficult: ______________________________________

_________________________________________________________________

_________________________________________________________________

Things that would help me (reasonable adjustments):

_________________________________________________________________

_________________________________________________________________

My specialist support / advocate contact is:

_________________________________________________________________

_________________________________________________________________

DISCLAIMER - This passport is the property of the individual named in this document and can only be shared with their permission.