Ambulance Transport Passport

The EMED Patient Passport helps us understand your individual needs and preferences, enabling us to provide safe, comfortable and person-centred care, communication and transport.

Patient Name		**My preferred name is**	
NHS Number		**Emergency Contact**	
Address		**Relationship**	

Travel Considerations: Please let us know if any of the following may cause anxiety, discomfort, distress or difficulty during your ambulance journey.

Loud noises e.g. vehicle door, equipment, ramps ☐ Bright lighting ☐ Motion or travel sickness ☐

Other: _____

Methods of communication

Verbal ☐ Non verbal ☐ Slowly and calm ☐ Picture cards ☐ Other: _____

My personal history, family and friends

Suggestions: Your place of birth, marital status, children, grandchildren, friends and pets.

My jobs and career

Hobbies and interests

Suggestions : Favorite music, places you've lived or travelled to, sport, TV/Films, clubs or crafts.

Is there anything else you would like us to know that may help make your journey more comfortable to support your care?

Declaration: Signature **Date** **Patient/Relative/Carer**

This form was created in collaboration with the Peterborough and Cambridgeshire Dementia Panel

This document is the property of the named person and should travel with them on any medical journeys along with documents' such as 'RESPECT' form.

Download - emedgroup.co.uk/dementiapanel