

More about my Chronic
Illnesses and Disabilities.

My Conditions

Name of illness, disability, or difficulty

.....

.....

My main symptoms / how I am affected

.....

.....

.....

How I manage these challenges

.....

.....

How you can help me

.....

.....

What I'd like you to know about my condition

.....

.....

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

My Conditions

More about my Chronic Illnesses and Disabilities.

Name of illness, disability, or difficulty

.....

.....

My main symptoms / how I am affected

.....

.....

.....

How I manage these challenges

.....

.....

How you can help me

.....

.....

What I'd like you to know about my condition

.....

.....

Medical professional / team who usually help with this

Name:

Contact:

This person can explain more if I am unable to

Name & Relationship:

Telephone Number:

What to Ask at Appointments

Remember to take a list of all your current medication and supplements, if appropriate.

What do I want to achieve at this appointment?

.....

.....

The things I most need help with today include

Pain Management ☐ Medication ☐ Mobility ☐ Fatigue ☐

Nutrition ☐ Mental Health ☐ Care Needs ☐ Sleep ☐

A New Symptom ☐ An Acute Change ☐ Reassurance ☐

Advice on the Next Step ☐ Clarity About My Situation ☐

Referral to Another Specialist for Tests, Advice, or Surgery ☐

Other:

.....

Example questions. Tick all you want to ask.

What are the tests for? ☐ When/how will I get the results? ☐

What were my results? ☐ What do they mean? ☐

What does treatment involve? ☐ How long will it take? ☐

What can I do to help myself? ☐ What happens next? ☐

How long is the waiting list? ☐ What are the risks? ☐

When's my next appointment? ☐ How will you contact me? ☐

Who do I contact if things change or I am worried? ☐

Any other questions or concerns:

.....

.....

.....

Date notes were taken:

Appointment/Reason for notes:

.....

Appointment Notes

Notes for/from my appointment

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Contact info and things to bring or ask next time

.....

.....

.....

.....

Hospital Bag Suggestions

A few ideas to help you design your own hospital bag checklist on the next page.

Don't forget!

- My Chronic Health & Care Passport with contact numbers in it.
- My Medication, and a list of what I take, including supplements.
 - My Admission Letter or Documents (if asked to bring any).
- Samples (or anything else requested for a planned admission).
 - Leave any unnecessary jewellery or valuables at home.

Everyday essentials

- Mobile Phone ▪ Charger ▪ Headphones ▪ Notepad & Pen
- Money (Very Small Amount) ▪ Glasses/Contacts & Case
- Dentures ▪ Tissues ▪ Keys (if nobody can bring them in)

Medical items

- Medication & List ▪ Mobility Aids ▪ Communication Aids
 - Wheelchair Cushions etc ▪ Adapted Cutlery or Straws
- Continence Supplies (eg: Stoma Kit) ▪ Menstrual Products
- Supports/Straps/Braces ▪ TENS machine ▪ Heat Pad

Clothes & toiletries (travel-size toiletries can be handy here!)

- Day Clothes: loose, easy to put on if sore, weak, or post-op.
- Comfy Underwear ▪ Slippers: waterproof soles are very useful.
- Nightwear: no metal zips/buttons (for scans). ▪ Dressing Gown
- Toothbrush/Toothpaste ▪ Lipsalve ▪ Hairbrush/Comb/Bands
- Soap, Flannel, Towel, Deodorant ▪ Shampoo/Dry Shampoo
- Shaving Supplies, Small Mirror ▪ Hand Cream & Nail File

Entertainment & sleep

- Book, Magazine, Puzzles ▪ Audiobooks, Podcasts, Music, Netflix
- Colouring Book, Pens ▪ Eye Mask ▪ Earplugs ▪ Sweets/Snacks

List your inpatient essentials to help you or your family and carers remember what to pack.

Hospital Bag Checklist

[illegible]