The Medical Blindspot

Medical Passport

My Health, My Voice

1. Essential Details

Full Name:
Date of Birth:
NHS Number:
Emergency Contact:

2. My Medical Profile

Primary Diagnoses:

- [Diagnosis 1]
- [Diagnosis 2]
- [Diagnosis 3]

Known Allergies: [Allergy and reaction details]

3. Medication Summary (Discharge Medications)

Medication	Dosage	Frequency
[Medication 1]	[Dose]	[Frequency]
[Medication 2]	[Dose]	[Frequency]
[Medication 3]	[Dose]	[Frequency]
[Medication 4]	[Dose]	[Frequency]
[Medication 5]	[Dose]	[Frequency]
[Medication 6]	[Dose]	[Frequency]
[Medication 7]	[Dose]	[Frequency]
[Medication 8]	[Dose]	[Frequency]
[Medication 9]	[Dose]	[Frequency]
[Medication 10]	[Dose]	[Frequency]

4. My Advocacy & Preferences

Communication Style:

Support Needs:

My Top Health Goals:

Clinical Note:

5. Healthcare Team Contacts

Primary GP:
Consultant: