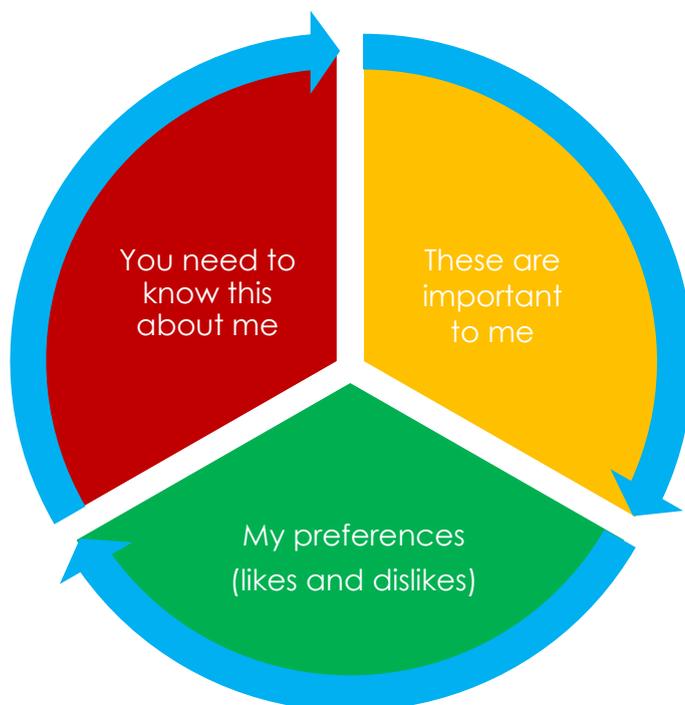


My Wellbeing Communication Passport

PEACE

Pathway for Eating disorders and Autism
developed from Clinical Experience

HELLO
MY NAME IS



People who care for my wellbeing this communication passport has important information about me.

Please make sure you read this before you help me.

This communication passport needs to stay with me but please take a copy for my file.



All About Me

You need to know this about me



Name:

Like to be known as:

Date of birth:



My phone number:

My email address:

My address:



How I would like you to communicate with me:

(For example, needing things written down, pictures, drawing, involving someone, signing/Makaton, use simple language)



My preferred language:

Interpreter requirements:

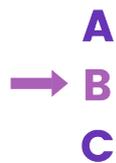
Ethnicity:



My religion or similar belief is:



My religion or spiritual needs are:



Decisions about my treatment:

(Have you had a mental capacity assessment and if so, what was the outcome?)

(Do you need support to make decisions about your care?)



My Diagnosis:

My Allergies:

My medication and medical history:

All About Me

You need to know this about me



My next of kin is:

Relationship:

Phone number:

Email address:

Address:



GP:

Phone:

Address:



Important people in my life:
(Write or draw in this box)



How I experience physical pain?
(For example, do you rub the part of the body that hurts?)

How I communicate my physical pain to others?



Sleeping:
(My sleeping pattern or routine)



Other key professionals involved in my care:

Sensory Wellbeing

These are important to me



My sensory needs in relation to vision are:

I can enhance my sensory wellbeing in relation to vision by:



My sensory needs in relation to hearing are:

I can enhance my sensory wellbeing in relation to hearing by:



My sensory needs in relation to smell are:

I can enhance my sensory wellbeing in relation to smell by:



My sensory needs in relation to taste are:

I can enhance my sensory wellbeing in relation to taste by:



My sensory needs in relation to touch are:

I can enhance my sensory wellbeing in relation to touch by:



My sensory needs in relation to texture are:

I can enhance my sensory wellbeing in relation to texture by:

My Positive Behaviour Support (PBS) plan

These are important to me

My difficult situation:

(For example, an event or situation that increases me to be at unease and find it harder to cope, such as loud noise or a bad experience)

My challenging behaviour usually has a function and it is to:

(For example, if I am frustrated and overwhelmed that I cannot do something as it is too complicated for me, I might throw my pillow as I want to be removed from the situation)

Behaviours I might display:

Early warning signs:

(For example, skin picking, not speaking or rocking)

If early warning signs are not noticed I might:

(For example, my voice will get louder)

What can I do to avoid this difficult situation:

(For example, early communication and reviews, have time out, certain environments avoided, interaction styles)

What you can do to support me – Positive support strategies:

When I am showing early warning signs:

(For example, ask me what is wrong or distract me by...)

If the situation has escalated:

(For example, talk in a calm voice, give me space but keep me in sight)

Afterwards:

(For example, encourage me to play my music)

My Wellness Recovery Action Plan (WRAP)

These are important to me



- 1.
- 2.
- 3.

When I am well:

What am I like when I am well? When I am well I...:

This is what I need to do for myself everyday to keep myself well:

These are the things I know I need to do to sustain my wellbeing. You can also support me by:



- 1.
- 2.
- 3.

Triggers:

(Triggers are things that happen to us that are likely to set off a chain reaction of uncomfortable or unhelpful behaviours, thoughts or feelings)

What triggers me?

What can I do to avoid or limit my exposure to things that trigger me?

What can I do to cope with my triggers when they occur? You can also support me by:



- 1.
- 2.
- 3.

Early Warning Signs:

(Early warning signs are the subtle signs of changes in our thoughts, feelings or behavior, which indicates that I may need to take action to avoid worsening of the situation or condition)

My early warning signs are:

These are the actions I can take when I recognize the early warning signs:

You can support me when I show early warning signs by:



- 1.
- 2.
- 3.

Reducing Signs of a Potential Crisis:

(Think about the things that can help to reduce your symptoms. These things might also help keep you/others safe if things have got worse for you)

What will help me to reduce my signs & symptoms when they have progressed to this point?

This is who will support me during my recovery and staying well:

You can support me by:

WRAP was originally developed by Mary Ellen Copeland. For further information visit <https://mentalhealthrecovery.com/wrap-is/>

My Lapse and Relapse Prevention Plan

These are important to me

When we put a new plan into action, we may sometimes have setbacks, and that is okay. A lapse is a brief return to previous unhelpful, thoughts or behaviours. A relapse is a more prolonged setback to previous unhelpful, thoughts or behaviours. The crucial thing is that we try to learn from each lapse or relapse, so we are in a stronger position next time.

Prevention



- 1.
- 2.
- 3.

Identify your high-risk situations that may lead to a setback:

Other times I am likely to be vulnerable and will need to take more care:

What can I do to prevent a setback?

In case of a setback...



- 1.
- 2.
- 3.

Understandably, I had a setback because:

What I learnt from the setback and what I would do differently is:

Coping skills, I can use (for example, engaging in activities I enjoy or speaking to a loved one):

Identify your emergency contacts:



- 1.
- 2.
- 3.

In an emergency I would call:

Who would I like to assist me:

Make a list of people who can give you support in times of need:

Establish your action plan in case of an emergency:



My preferences (likes and dislikes)

My preferences (likes and dislikes)



My special interests, things that make me happy and my strengths are:
(examples of strengths can include your creativity, enthusiasm, spirituality or dedication)
(Write or draw in this box)



- 1.
- 2.
- 3.

Other things you should know about me and that help with my wellbeing:
(Write or draw in this box)



My dislikes and things that I struggle with:
(Write or draw in this box)

You can support me cope with distress by:

My Goals

My preferences (likes and dislikes)



My treatment goals:

(Try to use SMART goals – S for Specific, M for Measurable, A for Attainable, R for Relevant, T for Timely)

My Plan...



My future goals:

You can review or change your goals whenever you want as we acknowledge that with time goals can change

(Write or draw in this box)

Other things that I would like you to know about me

Write or draw in this box:



Notes

My notes

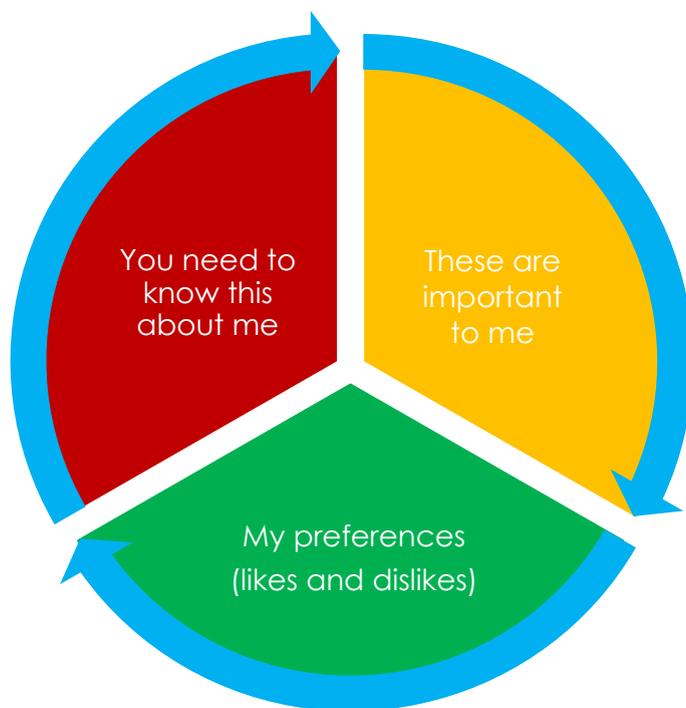
Write or draw in this box:



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Contributed by Yasemin Dandil (Project Manager - PEACE Pathway)

For further questions please get in touch with Yasemin or another member of the PEACE team

You can also visit our website for further information and useful resources: www.peacepathway.org

peacepathway.org

