







This Rehab Passport will...

...help you keep a record of your care

...provide information about our services

...keep you actively involved in your care and help you take control of your recovery.

You should...



....keep this passport with you and update it regularly

...share your passport with people involved in your care

...take this passport with you to all your therapy appointments and treatments



 ...ask any of the staff to help you record any important information in this passport that you feel would benefit you



I am receiving care because:

Date of admission to hospital:

Who should we discuss your care and discharge with while you are in hospital?

Name:

Contact details:

Our Rehab Team...

...is multi-professional, we aim to work together with you to ensure you return to as much independence as possible in your daily life.





My Rehab Plan

Next steps (next three months)

What?	Why?	Who is responsible?

Future plans

What could your rehabilitation involve?



Personal information



What is important to know about me?

Who is important to me?

My rehabilitation goals

What do I want to achieve? Where am I now? (e.g. I need help to return to gardening, but my walking and strength are badly affected)

How will I know when I have achieved my goal?

How am I going to achieve my goal?

Physical	Emotional
Social support	Information

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Progress	
diary	

Date	What did I achieve?
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My thoughts and feelings

It may feel unusual to write down how you are feeling, but people often find it hard to express their worries, fears and hopes in person. This section may become really helpful to your recovery.

How am I feeling?	
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Is there anything that I'm particularly worried about?

What are my expectations for my rehabilitation?

What would help me and my rehabilitation?

My follow-up appointments



Date:	Time:	Date:	Time:	
Location:		Location:		
Clinic:		Clinic:		
Date:	Time:	Date:	Time:	
Location:		Location:		
Clinic:		Clinic:		
Date:	Time:	Date:	Time:	
Date: Location:	Time:	Date: Location:	Time:	
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Location: Clinic:		Location: Clinic:		

My questions

Feel free to use this section to write down any questions you want to ask members of the rehabilitation team if they are not available. You can also use this space to make notes about your treatment plans, concerns and achievements.

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