



My Care Passport

A Personal Guide to What Matters Most
"Know me, care with me, care for me."



At Al Wakra Hospital, we believe that healing begins with understanding the person behind the patient. This passport is your personal space to share what matters most to you, your preferences, needs, values, and goals, so we can partner with you in providing care that is truly person-centered.

We are honored to walk this journey with you and are committed to ensuring your comfort, dignity, and wellbeing throughout your stay.

Wishing you a safe stay and a smooth, speedy recovery.
Because **Your Care is Our Priority.**

This is Me

*Please attach
your favorite or
most recent
photo*

Full Name

Your legal name as registered with the hospital

Preferred Name

What would you like us to call you?

Allergies

*Please list any allergies to food,
medication, or environment*

Emergency Contact

*Name and phone number of the person we
should contact in case of an emergency*

Date of Birth

DD / MM / YYYY

What Matters to Me

Please share anything important in your life: Your values, beliefs, routines, or goals that help guide your care.

What Helps Me Feel Better

Let us know what brings you comfort, calm, or joy: this could be music, prayer, a specific routine, a visit from a loved one, or anything else.

My Special Needs or Considerations

Please tell us about any specific needs, physical, emotional, cultural, or spiritual, that we should be aware of to support your care and comfort.

My Care Support Team

My Care Partner Is

Name of the person you trust to support you throughout your care journey.

My Future Wishes Are

Please share any hopes, preferences, or decisions you would like us to consider regarding your future care.

He/She/They Will Support Me In

This person/people will support you emotionally, physically, or spiritually in making healthcare decisions.

You May Speak with This Person About My Future Health

Name:

Relationship:

Phone Number:

About Me

I Live With

Please tell us who you live with—family, friends, caregivers, or if you live alone.

My Preferred Language

The language you are most comfortable speaking with your care team.

Do You Use Any Medical Equipment at Home?

Please list any devices or equipment you use regularly (e.g., oxygen, wheelchair, glucose monitor).

Do You Need an Interpreter?

If yes, please specify your preferred language or dialect.

☐

Yes

☐

No

My Financial Coverage

Please select the option that best describes how your care is funded.

☐

Self-Pay

☐

Health Insurance

☐

Sponsor-Pay

My Understanding of Health Information (SAHL-E Score)

If available, please provide your score from the SAHL-E tool (Short Assessment of Health Literacy in English/Arabic). Ask your care provider for a copy of the SAHL-E tool.

I Am Aware of the Medications I Take

☐

Yes

☐

No

☐

I need more Information

My Care, My Choices

Let us know your personal preferences to help us make your stay more comfortable and aligned with your daily routine.

My Usual Sleep Hours

Please share the times you usually go to sleep and wake up.

My Meal Type

- | | | |
|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Regular | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low Sodium |
| <input type="checkbox"/> Pureed | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Other: _____ |

My Meal Preferences

Tell us about any specific likes or dislikes, cultural or religious food considerations, or allergies.

My Preferred Mealtimes

Please let us know the times you prefer to eat your main meals.

My Preferred Visiting Hours

When would you like to receive visitors?

People I'd Like to Visit Me

Please list names or relationships of visitors you welcome.

My "Do Not Disturb" Hours

Are there any times during the day or night you prefer quiet or privacy? Please indicate.

Note: For more information, ask your nurse for a copy of the hospital's current menu and meal service schedule.

Care with Me, Care for Me

Your voice is important in every step of your care. We encourage open communication and shared decision-making to ensure your care reflects your needs and preferences.

Please Discuss All My Care with Me

☐ Yes ☐ No ☐ With my Care Partner present

Do I Have Treatment Options?

Please explain the choices available to me regarding my treatment plan.

This Is My Chosen Treatment Option

Let us know your preferred treatment or write down any questions you still have.

White Board Communication

- ☐ I understand how to use the white board in my room
- ☐ Please update it regularly with key information

Bedside Shift Handover

- ☐ I would like to be included during nursing shift changes
- ☐ Please involve my Care Partner as well

Healthcare Team Rounds

- ☐ I would like to participate in team discussions during rounds
- ☐ Please provide updates or summaries I can understand

Am I Ready to Leave?

Please talk to me about:

- ☐ My discharge plan
- ☐ Home care or follow-up needs
- ☐ My medications
- ☐ Who to contact if I have questions after I leave

Note: You can ask your doctor or nurse for Shared Decision-Making tools to help you better understand your options and participate in your care planning.

My Care Passport

A reflection of my lifestyle, preferences, and values—making my care more personal, compassionate, and meaningful.

This My Care Passport is a space to tell your story: who you are, what matters to you, and how we can best support you. It helps your care team see you as a whole person, beyond your medical condition.

Completed by: _____

Date: _____

If found, please return to the Al Wakra Hospital Main Reception Desk at the main entrance.