



PATIENT PASSPORT

Transition to Adult Burn Care Services

Full Name:	DOB:
Address:	Phone Number:
PostCode:	Email:

ABOUT ME...

Your GP's Surgery:	Your Burns Service Surgery:
PostCode:	Phone Number:
Your Next of Kin:	Their Address:
PostCode:	Phone Number:

Your Burn Injury What are the important things to tell us about your bur injury. For example, How did you get burnt, which parts of your body were affected, how long were you in hospital for?

Surgery Have you ever had any surgery relating to your burn, like a skin graft? If yes, when was this and what did you have done?



LOOKING AFTER MY BURN...

What sort of aftercare have you been involved in following from your burn injury?

	In the past	Now
Pressure garments	Yes/No Details	Yes/No Details
Creams or lotions	Yes/No Details	Yes/No Details
Physiotherapy	Yes/No Details	Yes/No Details
Occupational Therapy/Splints	Yes/No Details	Yes/No Details
Camouflage make up	Yes/No Details	Yes/No Details
Medication	Yes/No Details	Yes/No Details
Psychological Support	Yes/No Details	Yes/No Details
Other	Details	Details

How my burn impacts on me now How does your burn impact on you now day to day? Are you limited by it physically in any way? Do you feel self-conscious about your scars? Does this hold you back when you meet new people.

Looking forward The adult burns care team will be interested in hearing about what bothers you most about your burn now and how they might be able to help. Do you have concerns that you would like the team to address? For example, is there an area of scarring that bothers you, are there any areas of skin that are tight, have you been thinking about more surgery?

Emotional Support How about your emotional support needs? Have you been feeling down, angry and irritable or lacking in confidence? Do you think it might be helpful to meet with the psychological therapist in the adult service?

Preparing for my first appointment Have you got any questions that you would like to ask the team at your first appointment? Use this space to jot your ideas below.

And finally

Do you have any specific support needs, for example, do you need an interpreter, have you got learning difficulties, hearing or sight difficulties

Detail:

Do you have any other general health or emotional problems that might be important for the new adult team to know about?

Detail:

Are you linked in with any other services that support you?

Detail: