

RCN Health Ability Passport – Long-term conditions

A suggested template



This is the health ability passport of:	
Completed on:	
Following a meeting on:	
With their line manager:	
Condition(s) being discussed:	
Classed as long-term condition(s)?	Yes No
How often is your condition reviewed by a specialist or general practice team?	6 monthly <input type="checkbox"/> 12 monthly <input type="checkbox"/> Never <input type="checkbox"/> Other <input type="checkbox"/>
Does your condition require you to have time critical medications?	
Do you have significant side effects from any medication or treatment you are receiving?	
Are you required to use any technology to assist with your condition?	
Do you require access to a private, confidential area for any part of your condition regarding treatment or management?	
Add review dates here as they occur:	

This document should be shared only as agreed. It is confidential.

Please store in line with policy.

The nature of your condition(s) (step 3)

Occupational Health or specialist team recommendations (step 4)

How can your employer support you with your condition? (step 5)

CONFIDENTIAL

The way forward (step 6)		
Action	Date / Responsibility	Review Date
Do you know the date of your next review or specialist appointment is? <i>Use opportunity to discuss requirements for attendance and support from employer to attend if within working hours</i>		Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Do we need to share any of the information with the team to support you? (Step 7)		
Review sharing on:		
Signed (employee):		
Print name / date :		
Signed (line manager):		
Print name / date:		