The Parkinson's Passport was developed as a tool for reminding health professionals that your Parkinson's symptoms will get worse if you don't have your medicines on time, and to identify that you have Parkinson's in the case of emergencies.

**Parkinson's Passport**
The Parkinson's Passport is a compact booklet of facts and tips about managing Parkinson's medicines to give to health professionals and carers. It contains the following:

**Medicines List**
Use the Medicines List for people with Parkinson's to record:
- the names of all your medicines
- the dose
- times and special instructions.

'**I have Parkinson's' card for emergencies**
The card contains only the essential information, so a busy triage nurse in emergency can quickly see that:
- you have Parkinson's
- you need your medicines on time
- there are two commonly prescribed anti-nausea medicines that you should not have.

**Parkinson's symptom management checklist**
The Parkinson's symptom management checklist reminds health professionals and carers that you need your medicines on time. It also gives tips on managing common symptoms of Parkinson's such as swallowing difficulties and movement freezing. As everyone's experience of Parkinson's is not the same, you can tick the symptoms that apply to you.

**Parkinson's medicines fact sheet**
The Parkinson's medicines fact sheet gives useful tips on your Parkinson's medicines, such as how to avoid interactions with meals and manage nausea. It also explains why the person with Parkinson's should be allowed to self-medicate in hospital, if possible, as this can help to make sure Parkinson's medicines are taken on time.
Parkinson’s NSW would like your help in understanding how you have used your Parkinson’s Passport with Health Professionals

Birth Year: _______________ Gender: □ M □ F

Year diagnosed with PD: __________

Carer status: None Spouse Child Paid help Other: __________

Residential status: □ Live alone □ Live with others/in an aged care facility

Where did you get your Parkinson’s Passport?

______________________________________________________________________________

Have you completed the Medicines list? Yes/No
If yes, who completed it? Specialist GP Nurse
Pharmacist Carer Self

Have you completed the Symptom Checklist? Yes/No
If yes, who completed it? Specialist GP Nurse
Pharmacist Carer Self

Have you read the medicines fact sheet? Yes/No
If yes, did you find it helpful? Yes/No
Have you used the medicines list

Yes/No

If yes; who did you use the medicines list with?

Hospital Emergency room  
Doctor  
Nurse  
Day Surgery

Hospital Admission  
Pharmacist  
Ambulance  
Aged Care

Other health professional: ______________

Further Comments: ________________________________

Have you used the symptoms list

Yes/No

If yes; who did you use the symptoms list with?

Hospital Emergency room  
Doctor  
Nurse  
Day Surgery

Hospital Admission  
Pharmacist  
Ambulance  
Aged Care

Other health professional: ______________

Further Comments: ________________________________

Have you used the “I have Parkinson’s” card

Yes/No

If yes; who did you use the “I have Parkinson’s” Card with?

Hospital Emergency room  
Doctor  
Nurse  
Day Surgery

Hospital Admission  
Pharmacist  
Ambulance  
Aged Care

Other health professional: ______________

Further Comments: ________________________________
What response did you get when you used:

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<th></th>
<th>Positive</th>
<th>None</th>
<th>Negative</th>
<th>NA</th>
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<td>The medicines list</td>
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<td>The symptoms list</td>
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<td>The emergency card</td>
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Can you describe the response in more detail?

______________________________

______________________________

Were you happy with the impact from using the Parkinson’s Passport? Yes/No

How could we improve the Parkinson’s Passport?

______________________________

______________________________

Would you recommend the use of the Parkinson’s Passport to others with Parkinson’s? Yes/No

Further comments

______________________________

______________________________

______________________________

______________________________