

My Positioning Passport



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Name:



Date of Birth:



Address:



Hospital Number:



Parents/Carers Names:



Diagnosis:



Relevant Surgical
History:



Pressure/Vulnerable Skin History:



Standing:



Sitting:



Lying:



Mobilising:



Play:



Other Information:



Completed by:



Date:



Signed:



Reviewed: