
 Name:

 DOB:

 NHS Number:

My Health Passport

Lifelong support for those
 born unable to swallow



I was born with...

- Oesophageal Atresia-OA & Tracheo-Oesophageal Fistula-TOF
- Oesophageal Atresia-OA (without TOF)
- Tracheo-Oesophageal Fistula-TOF (without OA)

My OA was classed as...

- Long gap
- Short gap
- n/a

I was _____ old when I had my initial surgery for repair. It was performed at: _____

My surgeon was: _____

Other related surgical procedures I've had are:

Ongoing complications from my surgeries include:

In the case of an emergency, please contact:

My current health team contact details are:

I am taking the following medications:

Other important things you should know about me include (e.g. allergies):

Ongoing OA/TOF issues I regularly face include:

Respiratory issues

Gastric issues

I also have additional VACTERL related problems (Vertebral, Anal, Cardiac, Renal or Limb)

Food items I struggle with: