

All About Me

You may wish to put a photo of yourself in this space

This document tells healthcare staff important information about you.

Please show it to any care provider who visits you at home or take it with you when attending hospital, the GP surgery or any other health and social care provider.

Things you must know about me

My daily activities and routines

Things that are really important to me and will help you care for me

Date Completed _____

Things you must know about me

Name:

Preferred Name:

Date of Birth:

The person I would like you to talk to about my care is:

Other people involved in my care who you may want to talk to are:

I have the following religious / faith / cultural needs:

Other things that are important to me are:

I have an advance care plan?	Yes / No
I have a valid Advance Directive?	Yes / No
I have a Lasting Power of Attorney for personal welfare?	Yes / No

My daily activities and routines

Communication – How it is best to communicate with me and help me to understand things, for example, by showing me picture cards, using photos, writing things down.

Seeing / Hearing – The way in which I see or hear, for example, glasses, magnifying glass, hearing aids.

Eating – How it is best to help me eat, for example, if I have difficulty swallowing, require my food cutting up, giving me assistance with feeding. I also have the following dietary requirements.

Drinking – How I find it best to drink, for example giving me thickened fluids or small amounts at a time and if I need assistance.

Going to the toilet – How I use the toilet, if I need help getting to the toilet, if I use continence aids.

Moving around – How it is best to help me move around, for example using a walking aid, how I like to move around in bed and if I need assistance to do this.

Getting about – How I get in and out of the house, getting to appointments or to activities.

Medication – How it is best to give me my medication, for example using syrup instead of tablets, with milk, water, tea or coffee.

Pain – You will know that I am in pain or discomfort if...

Sleeping – My normal sleep pattern and routine is...

Keeping me safe – In order to keep me safe you can....

Personal care – My normal routine is...

