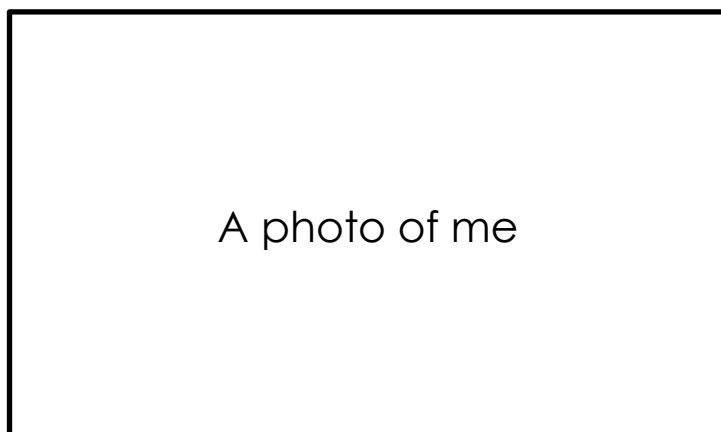


All About Me

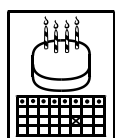
My name is: _____

I prefer to be called: _____

This booklet will help you to get to know me while I am in hospital.



I live at: _____



I was born on: _____



My doctor is: _____



My carer is: _____



My carer's telephone number is: _____

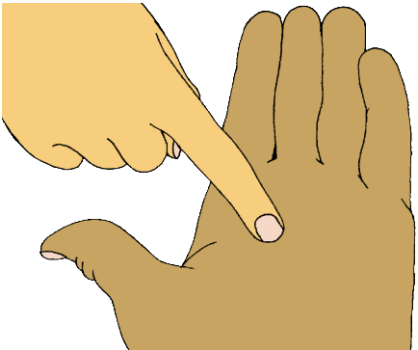
Communication

This is how I speak or communicate with you:



(Examples: Sign language, symbols, pictures, gestures, pointing / showing, simple words or sentences)

I may sometimes use sounds, noises or gestures; if I do, this is what they mean:



(Examples: A particular sound that I make, gesture or facial expression that I use to tell people how I am feeling or what I want)

This is my level of understanding and ability to give consent:



(Examples: How simple or complex information needs to be for me to understand treatment and how my condition affects me)

If I lack capacity, these are the people who are legally able to give consent on my behalf:



PLEASE complete a Mental Capacity Act Assessment if there is any question about my capacity to make decisions.

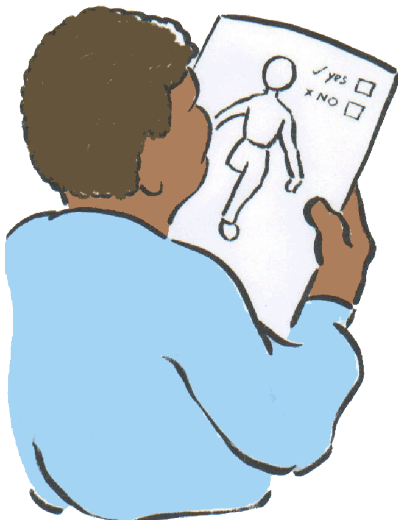
(Example: Court appointed deputy, person with Lasting Power of Attorney.)

If I use aids to help me communicate, these are the things I use:



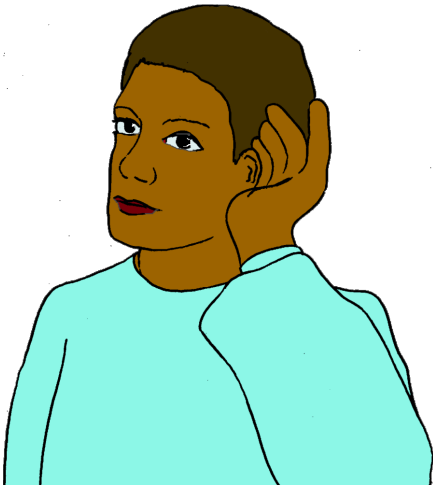
(Examples: iPad app, photocards, objects of reference. If I have a communication passport please state here.)

This is my level of reading and writing:



(Examples: say if I can recognise or write my own name, can I read and write complex or simple sentences)

This is how well I hear and the aids I use:



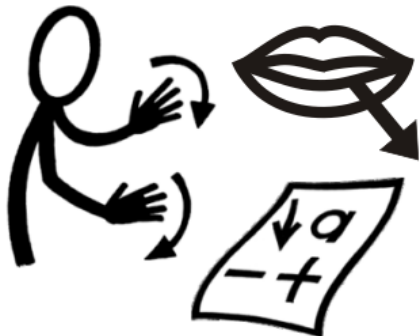
(Examples: Say if I have a good or not so good "side", whether I should be able to see your lips when you speak to me, do I wear a hearing aid?)

This is how well I see and the aids I use:



(Examples: Say if I have a better "side" for you to approach me, whether I can lip read, if certain lights bother me, do I wear glasses?)

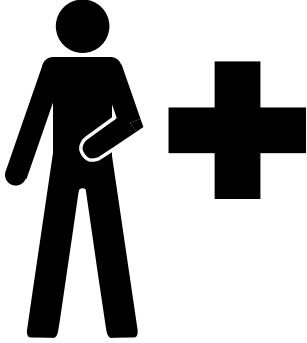
Any other information about my communication that may help you.



(Please use this space to give any other information about the way I communicate)

Current Medical Conditions

These are my relevant health conditions which might be useful for you to know:



(Examples: I might have Epilepsy, Asthma, heart conditions, mental health conditions, Autism. Please do not give confidential details that are not relevant to my current reason for admission)

These are things that I am allergic to:



(Examples: Say if I am allergic to a particular medicine, plasters, food, drink or anything else)

This is a brief medical history of me that may be relevant to me current care:



(Examples: Any previous admissions I have had to hospital)

Medication

This is the medication I currently take:



(Examples: Name of medication, how much I have to take and the time I need to take it, whether it is tablet, liquid or injection)

This is how I take my medication:



(Examples: Whether I can take it independently, someone gives it to me, how I take it – with water or food)

Pain

This is how I show that I am in pain:



(Example: this could be the noises I make, how I look, whether I point to my pain or whether I am quieter or noisier than usual)

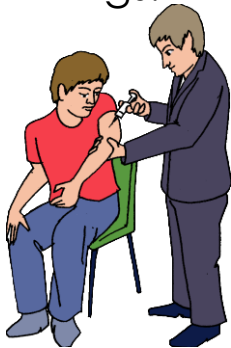
Anxieties and Fears

These are the fears and anxieties I might have and ways you can support me:



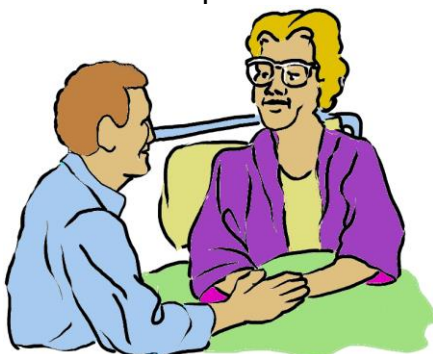
(Examples: Whether I dislike crowded places, noise, strangers and environments and if waiting in these areas should be avoided. Do I need to be prepared for any unfamiliar situations or changes in my routine?)

This is how I tolerate medical intervention like physical examinations, injections, drips or other things:



(Examples: Whether I am needle phobic, dislike physical contact, nervous of the unknown, have difficulty keeping still or taking instructions when using equipment such as x-rays)

These are the times when I might need someone I know to stay with me whilst I am in hospital:



(Examples: Do I need a familiar face during the day to keep me calm and explain to me what is happening. Am I okay at night? Name people important to me. Do I need someone I know to advocate for me or go to x-rays or other tests with me?)

Behaviours that Challenge

If I behave in a way that can challenge these are the things you might see:



(Examples: Shouting, running, refusing to move. Other behaviours that may make it difficult to engage with me.)

These are the things that may cause me to behave in this way:



(Examples: Pain, frustration, boredom, sensory overload, hunger, being touched. I may use these behaviours as a form of communication.)

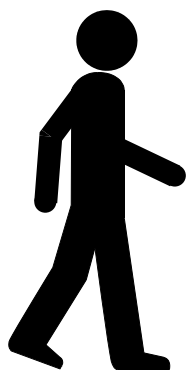
These are the things that you can do to distract me or support me to relax:



(Examples: Listening to me, putting on music, finding somewhere quiet for me, giving me food or a drink.)

Mobility

This is how I move around:



(Examples: Say whether I am fully mobile, whether I have difficulty in some situations such as stairs, uneven floor, using a bathroom, do I need help turning or moving me on a regular basis)

This is the assistance I need to help me move around:



(Examples: If I use a wheelchair, what type I use, whether I use it all the time or just in certain situations, if I use a stick or frame or if I need support from one or more people when I walk)

A photo of how I use equipment to move around:



(Please add a photo if you can)

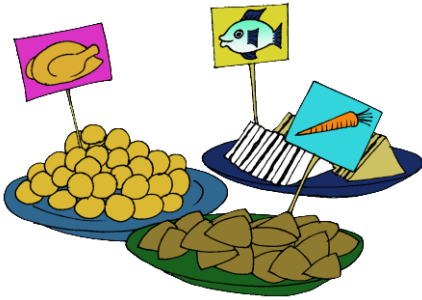
A photo of how I use equipment to move around:



(Please add a photo if you can)

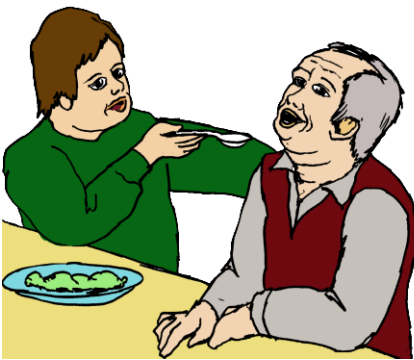
Eating and Drinking

This is what I eat and drink:



(Examples: My favourite food and drinks, things I particularly dislike, whether I have a specific health, personal or cultural diet)

This is the help I need when eating:



(Examples: Help with cutting my food, if I choke or have swallowing problems, show me where my food is if I have difficulty seeing it)

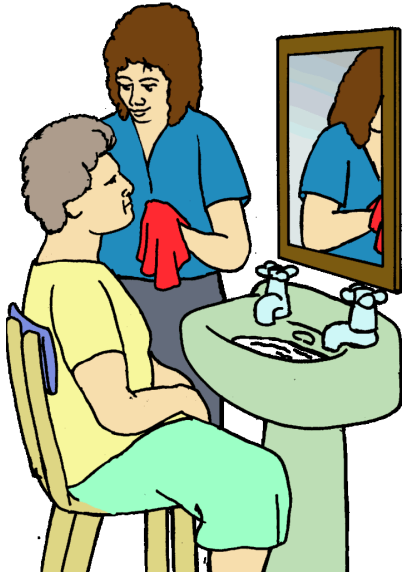
These are the aids I use when eating:



(Examples: Special equipment, Nasogastric tube, Gastronomy tube, special cup or cutlery)

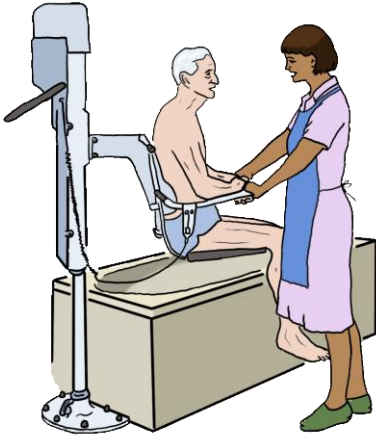
Personal Care

This is the help I need with my personal care:



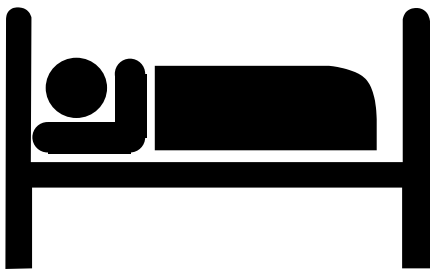
(Example: What I can do independently, what I need some support with, what I need full support with, whether I need prompting/reminding, how I feel about my personal care and my privacy / dignity)

These are the aids I use to help with my personal care:



(Example: I use a flannel to stop water getting in my eyes when I wash my hair)

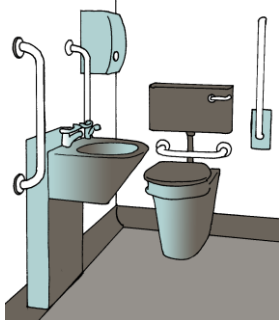
This is my usual sleep routine:



(Examples: What time I sleep, whether I sleep all night or if I wake up regularly, do I need the toilet at night? Do I get up at night?)

Continence

This is the help I need with my continence:



(Examples: I might be independent or fully incontinent. I might need some prompting or total support. I might need help with my hygiene. I may suffer from constipation)

These are the aids I use:



(Examples: I may need pads all of the time or only at night. I may not be able to use a bottle and/or bed pan, I may need a raised toilet seat or hand rails beside the toilet)

Keeping Safe

This is my usual behaviour:

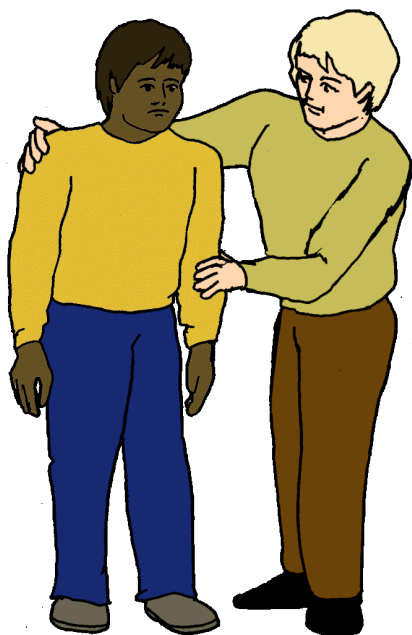


(Examples: Say if I might wander off and not know where I am, can I ask for help? Am I likely to abscond and if so, in what situations? Do I have a sense of danger? Can I recognise if my condition gets worse? I might have a tendency to fall due to a medical condition such as Epilepsy, do I hit myself or others and if so, under what conditions?)

This is my usual
behaviour:
(continued)



This is the help I need
to keep me safe:



(Examples: I might need someone who knows me with me some or all of the time, I might need bed rails as I move around a lot or have Epilepsy, I might prefer a side room or enjoy the company of the main ward. Give examples of how to manage certain behaviours)

Important People

These are the people who are most important to me:



(Examples: Certain family members, friends, colleagues)

This is a photo of:



(Please add a photo of someone important to me if you can)

This is a photo of:



(Please add a photo of someone important to me if you can)

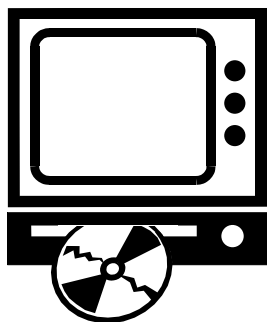
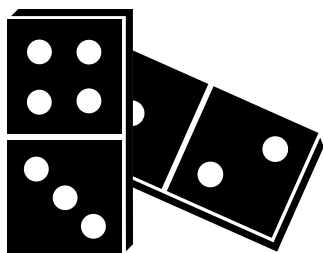
This is a photo of:



(Please add a photo of someone important to me if you can)

My Interests

These are the things I enjoy doing:



(Examples: Include anything I particularly like, things I enjoy doing, my hobbies, things that distract me or keep me happy)

Please use the space below to add any additional information which you feel might be important for care staff to know.

(Examples: My religion and how this affects the support I need)