

# This Is Me.

My Name :

## Please Read This

- It will help you support me in an unfamiliar place.

**This tells you :**

- Things you must know about me
- My likes and dislikes

Date up-dated	Updated By

**Picture of resident goes here**



# **Things You Must Know About Me**

Name

Name I Like To Be Called

Date Of Birth

Religion

I Currently Live

Telephone Number

Next of Kin, Contact Details, Relationship to Person

My GP - Contact Details

# Things You Must Know About Me

How to Communicate With Me

What makes me Anxious e.g Dark, How to Help Me

What Makes Me Upset/Worried, How to Help Me



Allergies and Heart/Breathing Problems

Risk Of Choking, Dysphagia



# **Things You Must Know About Me**

## **My Medical / Social History and Plan**

## **How I Take My Medication**

## **How To Know I'm in Pain**

## **Moving Around (Walking Aid, Hoisting)**

## **My Personal Care (Dressing)**



# **Things That Are Important To Me**

How I Eat (Food Cut Up)

How I Drink (Small amounts)

How I Use The Toilet (Continence Aids)

How I Sleep (Routine)

Seeing/Hearing/Teeth (Problems)



# My Likes and Dislikes

Things I like:



Things I Don't like:

