

Important things about:



Name I like to be called:

My background:

Place of birth, education, job history, significant events.

Family, home and treasured possessions.

Home routine – goes out to shops every day, bingo etc.

The person who knows me best and/or looks after me is:

Partner, relative, friend, carer.

Please let them come in and support me when I need it

Likes and Dislikes

Things I enjoy: *Current and past interests. What I enjoy talking about.*

Things that may worry or upset me: *Things I may find troubling, e.g. family concerns, being apart from a loved one, physical health problems, environmental triggers (e.g. the dark, loud noises).*

What makes me feel better if I'm anxious or upset: *What will help me if I become anxious or distressed e.g. seeing a familiar face, comforting words, speaking with a relative.*

Please turn over and complete side 2

Communication

First language?

Verbal communication, gestures, pointing?

Is the person able to read and write?

How are pain, hunger and thirst communicated?

Hearing?

Sight? Glasses?

Behavioural characteristics?

Food and drink I like

Like:

Food and drink I dislike

Dislike:

Things I can do independently

What I like to do for myself (please circle)

Eating

Washing

Dressing

Taking medication

Drinking

Walking

Going to the toilet

Things I may need help with

The support I need in order to be independent.

Mobility aids?

Any other information

Carer/Relative: Name: _____ **Tel:** _____ **Date:** _____

Staff Member Name: _____