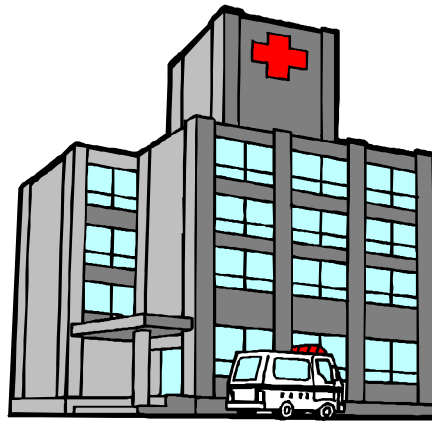# All About Me

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 no. is:

Communication

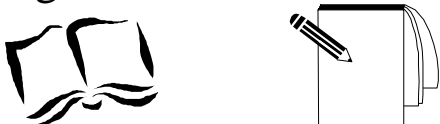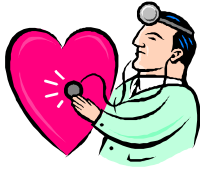|	(Examples: Sign language, symbols, pictures, gestures, pointing/showing, simple words or sentences)
This is how I speak or communicate with you:	
I may sometimes use sounds, noises, or gestures, if I do, this is what they mean:	(Examples: A particular sound that I make, gesture, or facial expression, 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)
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 am sensitive to noise and whether I should be able to see your lips when you speak to me)
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)

Current Medical Conditions

| These are my relevant health conditions which might be useful to you:	(Examples: I might have Epilepsy, Asthma, Heart problems, Mental Health problems, Autism. Please do not give out 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, plaster, food, drink etc.)
This is a brief medical history of me that may be relevant to my current care:	(Examples: any previous admissions I have had to hospital,

Pain

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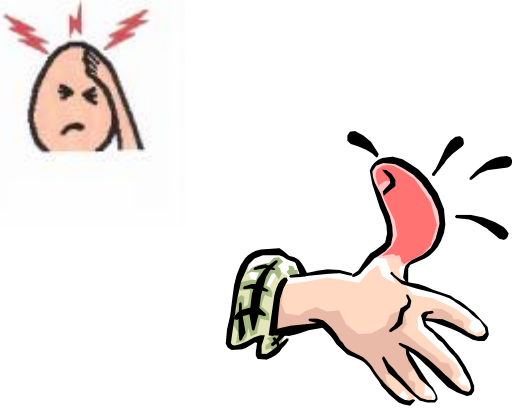
(Example: this could be the noises I make, how I look, whether I point to my pain, or whether I am quieter or noisier than usual)
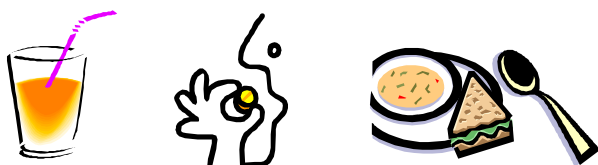
Medication

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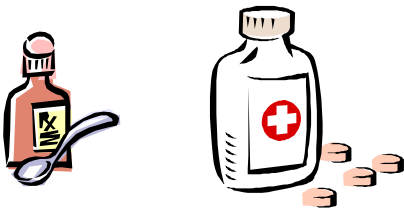
(Examples: Name of medication, how much I have to take, and the time I need to take it and whether it is tablet, liquid or injection)
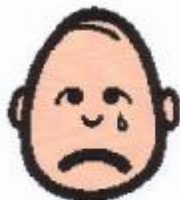
This is how I take my medication:

(Examples: Whether I can take it independently, someone gives it to me, how I take it e.g. with water or food)
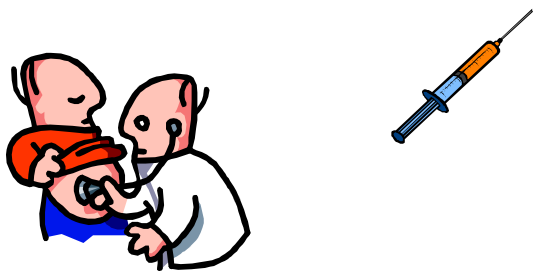
Anxieties and Fears

These are the fears and anxieties I might have and ways of supporting me:	(Examples: Whether I dislike crowded places, noise, strangers and environments, and should waiting in these areas be avoided. Do I need to be prepared for an unfamiliar situation, or change in my routine)
This is how I tolerate medical intervention like physical examinations, injections, drips etc:	(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 ok at night, name people important to me, do I need someone I know to advocate for me, or go to x-ray etc with me)

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)
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

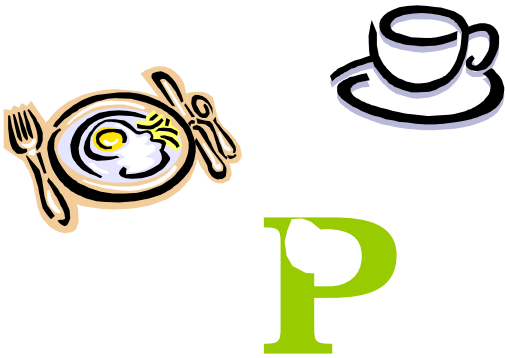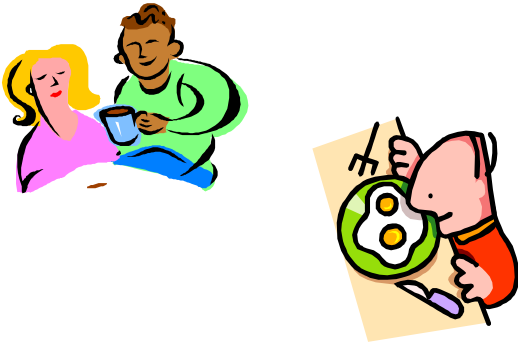| This is the help I need with my continence:	(Examples: I might be independent or fully incontinent. I might need some prompting or total support, taken to the toilet, help with toilet hygiene or constipation)
These are the aids I use:	(Examples: I may need pads all of the time, or only at night. I 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)
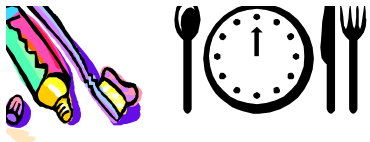
Eating and Drinking

This is what I like to 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, whether I need to be fed, if I choke or have swallowing problems, show me where my food is if I have visual problems)
These are the aids I use when eating:	(Examples: special equipment, Nasogastric tube, Gastrostomy tube, special cup)

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 bathroom, do I need help turning or moving me on a regular basis)

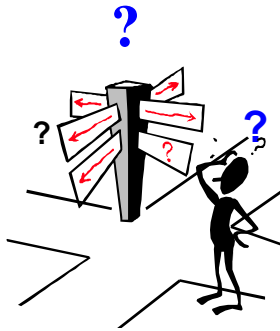## This is the assistance I need to help me move around:

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

Keeping safe

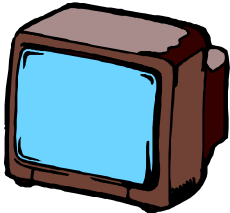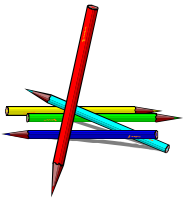| This is my usual behaviour:	(Examples: say if I might wander off and not know where I am, can I ask for help, whether I abscond and in what situation. Do I have a sense of danger, can I recognise if my condition gets worse, I might have a tendency to fall due to a medical condition such as Epilepsy, do I hit myself or others and if so, under what conditions)
This is 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)

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