



If you wish to you can put a photograph here.

# About Me

Please make sure that this stays with me.  
You can keep a copy for my file.

## THIS IS ME

**My name is:**

**I like to be called:**

**My Date of Birth:**

**My NHS Number:**

**My Contact Details:**

**My Religion:**

**This is My Condition**

*(Brief Description)*

**I Like:**

**I Don't Like:**

**Behaviours which might challenge (including triggers and how best to support me)**

**The person I would like you to contact is:**

**The person who knows me best is:**

**The person with Power of Attorney is:**

## COMMUNICATION

*Tick one of the following*

**I do not need support with Communication:**

**I do need support with Communication:**

**Sight- any difficulties or aids**

*Please do not move things as I may not be able to find them*

**Hearing- any difficulties or aids**

## HEALTH

**I would like doctors and nurses to know this about me:**

**I would rate my pain on a scale of 1 to 10 as:**

**Epilepsy- a description of my seizures**

**Known Allergies**

**I have / have not attached a copy of my repeat prescription.**

**I like to take Medication by: Liquid    Tablet    Injection**

## PERSONAL CARE

### Eating and Drinking



Drinking

**Tell me when and where you have placed my food or drinks.**

**Likes and Dislikes:**

**Position; Equipment; Assistance; Consistency/**

**Cutting Up: Environment, Usual Routine**

**Swallow Risks:**

### Washing and Dressing



Personal Care

**Likes and Dislikes:**

**Help Needed; Usual Routine:**

### Hair, Teeth and Toilet



Personal Care

**Likes and Dislikes:**

**Help Needed; Usual Routine:**

### Sleeping



Sleep

**Assistance and Equipment Required; Usual Routine:**

### Mobility



Mobility

**Moving Around; Postural Care; Equipment; Falls:**

### Me



Me

**When I am in pain I...**

**When I am anxious, worried, upset I...**

## Guidance Notes to Help You Complete About Me

- This About Me document is intended to provide professionals with information about the person with a disability and/or health condition as an individual. This will enhance care and support given while the person is in an unfamiliar environment. It is not a medical document and will require updating as necessary.

**This is me:** A description of my condition and information about me.

**Communication:** Words/symbols/photographs/communication aids. Do I use gestures, pointing or other communication indicators? Can I read and write? How do I indicate hunger/thirst? Include anything that may help people identify my needs. How do I express my choices? Speak slowly, clearly, no jargon, use pictures, objects, explain things clearly.

**Any History of behaviours which might challenge:** Any self harming, physical or verbal aggression, how do you manage these behaviours? How to keep me safe?

**Health:** Do I need any aids - glasses, hearing aid. How is it best to approach me? Am I hyper or hypo-sensitive? Epilepsy please include a seizure description record.

**Medical Interventions:** Are there any things that people could do to help support me with having medical interventions for example distraction, safe holding?

**Medication:** Do I have a usual routine about the way I like my medication, with a particular drink or food, put directly into my hand?

**Eating/Drinking:** Do you need to ensure I have adjusted my position properly to eat? Do I need assistance to eat or drink? Do I need help to choose food? Can I use cutlery or do I prefer finger foods? Do I need adapted aids such as cutlery or crockery to eat or drink? Does food need to be cut up, mashed, or pureed? Do I have any difficulties swallowing What texture of food is required to help - soft, pureed, vegetarian, religious, cultural needs? Please include any information about my usual appetite.

**Personal care:** (e.g. washing, hair-care, bathing, brushing teeth, dressing) what are my normal routines? Do I have any preferences? What is the usual level of assistance required? Do I need reminding to go to the toilet? Do I need to be taken to the toilet? Do I need any assistance to maintain my personal hygiene?

**Sleep:** Usual sleep patterns and bedtime routines. Do I like a light left on? Do I need help to access the toilet at night? Position in bed, any special mattress, pillow, do I need a regular change of position.

**Mobility:** Am I fully mobile or do I need help? Is there anything I need to support my posture? Do I need a walking aid? Is my mobility affected by surfaces? Can I use stairs? Can I stand unaided from a sitting position? Do I need a special chair or cushion? Do my feet need raising to make me more comfortable? Am I able to adjust my position in bed/chair?

### Footnote:

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