

Know me better

Patient Profile

Patient details

Name:

Unit No.:

Ward:

Person completing this document:

Date:

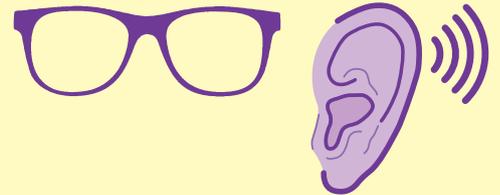
The basics

Please call me:

Communication

Do you use any communication aids?

For example: glasses, hearing aids



Do you have alternative ways to express your needs?

How would we recognise if you were in any pain?

Getting about

Tell us how you normally get about. For example do you use a walking aid?

Do you need somebody with you?



My usual routine and self care

Tell us about your usual day to day life.

What can you do for yourself and what do you need help with?

am:

pm:

weekly:



Relaxation and sleep

How do you like to relax?

What music, if any, do you like to listen to?

What helps to make you comfortable?

What helps you to sleep?

For example: Taking any pain relief or any specific toilet routine?



Important things in my life

For example:

People, pets, places and items

Jobs, hobbies, interests and life events

What languages do you speak?

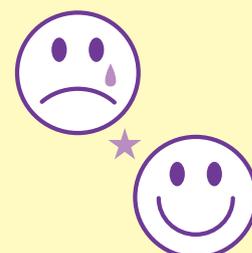


Emotional support

Things that upset me:

How I might react:

Things that will help me:



Spiritual and cultural needs

Is there any way in which we can help you to follow your religion or belief?

Where or what do you turn to find strength in difficult times?



Personal needs

Will you need us to help you go to the toilet?

If so how?

Do you usually use any specific equipment?



Eating and drinking

Tell us about your appetite, likes and dislikes of food and drinks, where you like to eat, specific meal times and if you need any help

Do you have a special diet or allergies?



Do you wear dentures?



Taking medication

How do you prefer to take your medication?



Is there anything else important you would like us to know?

For Friends, Family and Carers

Please let us know if you would like to be involved in the care of your spouse, relative, partner or friend.

- Help at mealtimes
- Some personal care
- Activities to improve well-being
- Other

Please specify:

