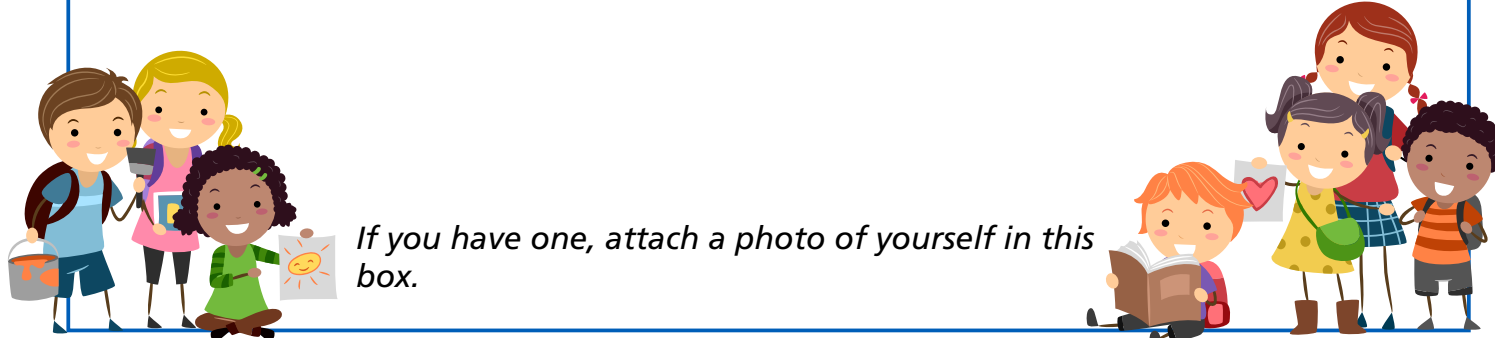


*If you have one, attach a photo of yourself in this box.*



# All About:

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Please read if completing any face to face intervention with me.  
Thank you.

Last updated (date):

**Hello, my name is:**

**I like to be called:**

**My NHS Number is:**

**I attend (nursery/school/college):**

**Parental responsibility (PR)/next of kin name and contact details:**

## **Contents of this booklet includes:**

Things you **MUST** know about me

Things that are **IMPORTANT** to me

My **LIKES** and **DISLIKES**

Useful **NAMES** and **CONTACT INFO**

# Things you **MUST** know about me

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**I am allergic to:**

**I currently take these medications and need support with:**

**I have these medical conditions:**

**My feeding and dietary requirements are:**

**My last GP annual check was:**

**I have an advanced care plan:** YES NO

**I have a DNAR (do not attempt resuscitation) in place:** YES NO

**There are other professionals involved in my care:** YES NO (for details please see back pages of this booklet)

# Things that are important to me:

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**Communication** - How do I communicate my needs/wants, how do I best understand others?

**Seeing/hearing support** - Do I wear glasses or hearing aids?

**Eating/drinking** - Do I need support? How do I show that I am hungry or thirsty?

**Toileting** - How do I show that I need the toilet? What support needs do I have around toileting?

**Moving around** - Do I use any aids to support me?

**Personal care** - How do I wash and dress? How much support do I need?

**Pain** - How would you know if I am in pain?

**Sleep routine** - Do I have equipment to help my posture and safety whilst I sleep?

# My likes and dislikes:

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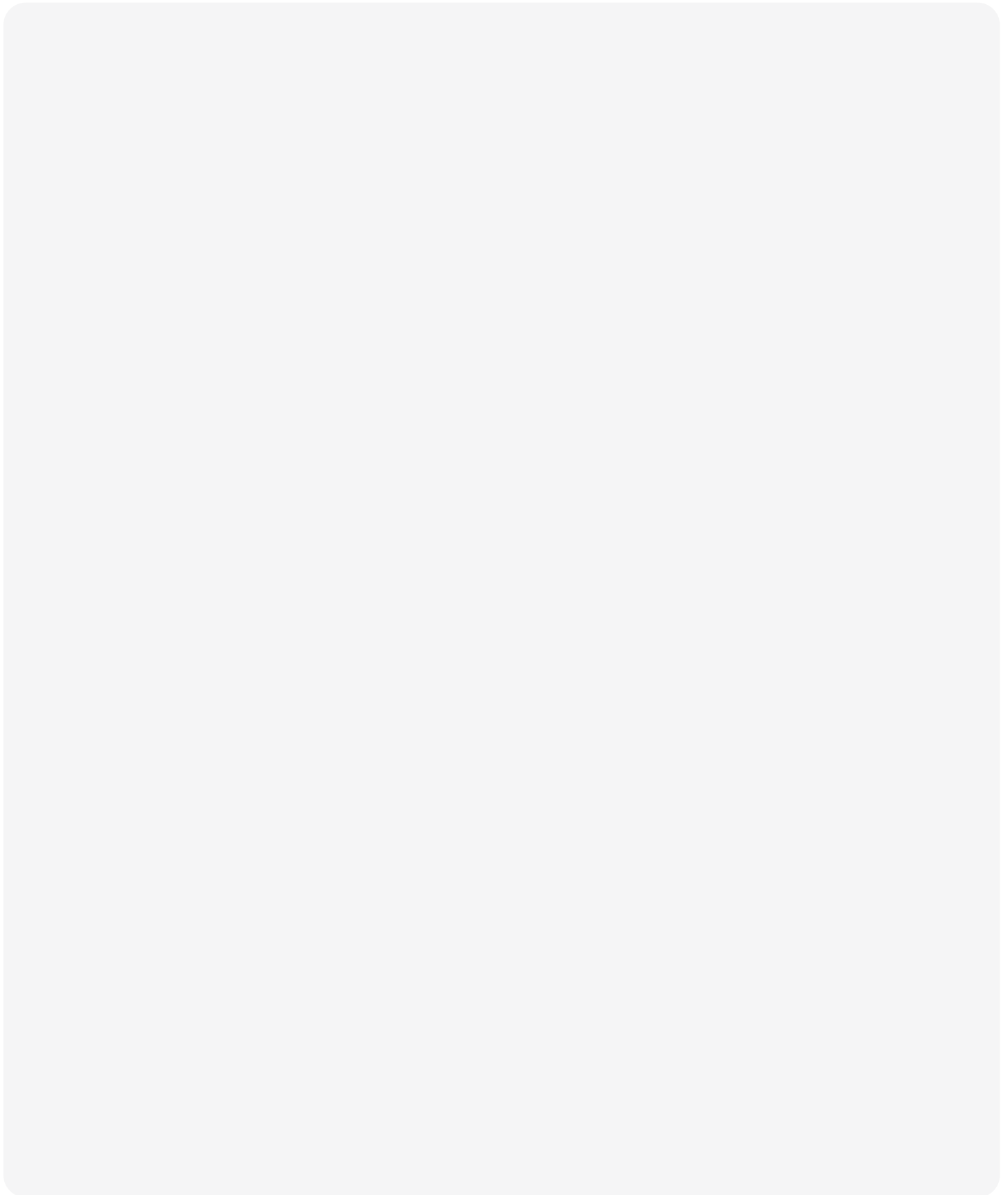
**Likes** - How can I be supported to stay calm and happy:

**Dislikes** - What you can do to help if I get anxious or sad:

# Details of others involved in my care:

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Details of teams involved in my care, for example the local occupational therapy or physiotherapy teams, and details for family members close to me.



## Other **important** information:

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