



**All About: Click or tap here to enter text.**

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

Last updated (date): Click or tap to enter a date.

# **All About Me**

**Hello, my name is:** Click or tap here to enter text.

**I like to be called:** Click or tap here to enter text.

**My NHS Number is:** Click or tap here to enter text.

**I attend (nursery/school/college):** Click or tap here to enter text.

**Parental responsibility (PR) / next of kin name and contact details:** Click or tap here to enter text.

**Contents of this booklet**

Things you **MUST** know about me

Things that are **IMPORTANT** to me

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

Useful **NAMES** AND **CONTACTS**

# Things you **MUST** know about me

**I am allergic to:** Click or tap here to enter text.

**I currently take these medicines and need support with:** Click or tap here to enter text.

**I have these medical conditions:** Click or tap here to enter text.

**My feeding and dietary requirements are:** Click or tap here to enter text.

**My last GP annual check was:** Click or tap here to enter text.

**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

**Communication:** How do I communicate my needs/wants, how do I best understand others? Click or tap here to enter text.

**Seeing/hearing support:** Do I wear glasses or hearing aids? Click or tap here to enter text.

**Eating/drinking:** Do I need support? How do I show that I am hungry or thirsty? Click or tap here to enter text.

**Toileting:** How do I show that I need the toilet? What support needs do I have around toileting? Click or tap here to enter text.

**Moving around**: Do I use any aids to support me? Click or tap here to enter text.

**Personal care:** How do I wash and dress? How much support do I need? Click or tap here to enter text.

**Pain:** How would you know if I am in pain? Click or tap here to enter text.

**Sleep routine**: Do I have equipment to help my posture and safety whilst I sleep? Click or tap here to enter text.

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

**Likes** - How can I be supported to stay calm and happy: Click or tap here to enter text.

**Dislikes -** What you can do to help if I get anxious or sad: Click or tap here to enter text.

# Details of **others involved in my care**

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

Click or tap here to enter text.

# Other **important** information

Click or tap here to enter text.

# Notes

Click or tap here to enter text.