This is Me

Helping staff understand what matters to me

My name is:

I like to be known as:

My preferred pronouns are (he/she/they):

Important information for staff

This is essential reading for all staff working with me. It gives important information about me. This document should be kept visible and used when you talk to me or think about me. **Please return this document to me when I go home.**

Dorset County Hospital
Dorset HealthCare
University Hospitals Dorset

About this document

This document belongs to you. It helps staff understand what matters to you and how best to support you. You can complete it yourself or ask a family member, friend, or carer to help or complete it for you. You do not need to complete every section and can choose what information you feel comfortable sharing. This document should stay with you and be brought with you into any care setting, including hospital.

Things you must know to keep me safe

Things that are important to me

My likes and dislikes

More basic information about me

This document needs to be updated if my needs change.

Where I currently live:

For example — supported living or my family home

Hours of support I get each day:

Who to contact for more information about me:

Please say name, role and contact phone number

Other key professionals involved in my care:

Please say name, role and contact phone number

Key person / people to liaise with about my admission and discharge:

This was filled in by:

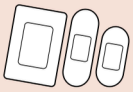
Date:

Review date:

Relationship/role (if completed by someone else):

Things you must know about me

1. Adverse drug reactions, allergies or intolerances




Please give details including what my reactions would be

2. Communication - how well I use and understand speech


Other ways I communicate — signing, pictures or other languages? How I show how I feel. How I communicate yes and no.

3. Food and drink - food allergies / intolerances and help choosing


Do I need help filling in menus? How I make food and drink choices. See also the likes and dislikes section.

4. Eating and drinking - what help I need

Does my food need to be cut up or liquidised? Do I use dentures to eat? Do I use special equipment?

If there is a risk I may choke please give details of my management plan and seating and posture.

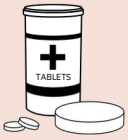
5. Pain - how I show I am in pain and how to support me

6. Other medical conditions - such as diabetes, epilepsy, asthma and depression

See separate medication list

7. How I take medication - one tablet at a time, on a spoon or via a syringe

Do I need help to make sure I have swallowed?

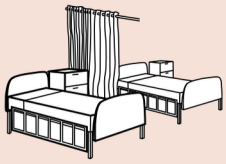


8. How to support me with medical interventions

Things like taking my temperature, blood pressure, blood test and having injections.

9. How I usually am - for example do I sleep a lot, am I usually very quiet?

10. How do I react to strange places?

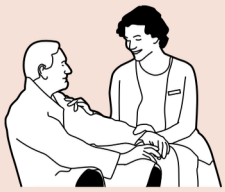


11. Keeping me safe - do I wander? Could I fall out of bed? Do I fall?

Please consider environmental risks

12. Things that may worry or upset me - how I may show this

13. How to support me if I'm anxious or upset - also see the likes and dislikes section



14. Behaviours I have that may be challenging or cause risk

What you can do to support me with my behaviours — things that help me relax

15. My sight - any problems I have, aids I use like glasses or magnifying glass

Can I clean my glasses myself?

16. My hearing - any problems I have, aids I use like a hearing aid?

Can I put my hearing aid in myself? Do I know how to turn it on?

17. Other vital information - such as advance care decision

If I have a Lasting Power of Attorney please specify whether it covers health and welfare and/or finance and property. Please also say if I have an End of Life Care Plan.

Please also say who holds these documents and how to contact them

Things that are important to me

Important people

Family, friends and staff who support me

Level of support I need when well

Who needs to stay and how often

How I use the toilet when I am well - e.g. continence aids and getting to the toilet

Personal care - support I need with things like dressing, washing and teeth cleaning

Moving around - for example posture in bed, walking aids and wheelchair

Do I need help with moving around?

Sleeping - my sleep pattern / routine / time of waking

My likes and dislikes

Things I like

Could include:
Music, TV, foods, activities and how I relax.

Things I don't like

Could include:
Things that worry me, foods, activities and ways I don't like being treated.

My history - What is important that you know about my life (past and present)

Please also use this space for any further information

This content was originally developed by Surrey and Borders Partnership NHS Foundation Trust Acute Liaison, Specialist Therapies and Older Adults Services, Royal Surrey County Hospital, and the Surrey Alzheimer's Association, and has been adapted with permission for use in Dorset.