



My Photo

My name is:

I like to be called:

Date of Birth:

UR (medical record) number:

I AM ALLERGIC TO:

CONTACT DETAILS FOR THE PERSON WHO KNOWS ME BEST:

NAME:

RELATIONSHIP (e.g. Mum, friend):

PHONE NUMBER(S): Mobile: Other:

ADDRESS:

MY CARER SPEAKS (Language):

How I want you to communicate with me:

How I communicate:

What to do if I am worried or upset:

How you can avoid causing me distress:

Instructions for medical procedures (e.g. how to take blood, give injections)

MY MEDICAL HISTORY

Medications I take (Ensure list is up to date, or bring most recent list:)

How I take medications (e.g. crushed, PEG, liquids, injections)

Operations and illnesses I have had:

How to know if I am in pain

Personal Care (washing, dressing, etc)

Information about eating and drinking:

Sleeping (pattern, routine, needs)

Sensory needs (sight/hearing, adjustments, e.g. earphones, hat, stim tools/toys, other):

How I use the toilet: (continence aids, assistance)

How I move, (equipment, assistance)

THINGS I LIKE

THINGS I DON'T LIKE

OTHER THINGS TO KNOW ABOUT ME: