



# All about me

Dear patient, relative or carer,

We are always trying to improve the care we provide to patients and aim to ensure all feel safe and cared for while in hospital. In order for us to personalise the care that we are giving to

Name

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it would be very helpful if you could take the time to fill in this 'All About Me' booklet. A friend or relative may complete it on your behalf and return it to the nurse in charge. If you would like to keep a copy of the completed form, the nurse in charge will be happy to copy it for you.



Prompt pages are included to help you to complete the form and understand what information might help us provide appropriate care.

Thank you for taking the time to complete this booklet.

Yours sincerely,

Ward staff



### **I prefer to be called:**

Enter the name by which you (the patient) would like to be called.

### **Significant relationships:**

Please list people you (the patient) may talk about or ask for or people that you may wish us to involve in your care.

### **Hobbies interests / previous employment:**

What was your occupation? Do/did you belong to any clubs or committees?

List any hobbies and social or spiritual activities or any regular habits.

How do you usually spend your day?

Do you have a favourite CD that you listen to?

Do you have a favourite object that keeps you occupied?

If you are confused, are there things we can do to distract you?

### **Other details to help you understand me better:**

Describe any physical symptoms that you may have for example shingles, which gives you a headache and may make combing your hair painful or indigestion requiring medicine.

Do you have depression? Do you think others are plotting against you? Is there anything that makes you sad, frightened, angry or restless?



## Specific things you need to know to care for me

### Eating and drinking:

Tell us if you are able to choose which meal you would prefer.

Tell us if you have any difficulty eating. Can you feed yourself without prompting? Does your food need to be cut up? Can you manage with a fork, knife or spoon?

Tell us which foods you prefer and those which are disliked; identify preferred drinks and how they should be prepared e.g. 2 sweeteners in white tea.

### Hygiene:

Tell us if you prefer a bath or shower. Can you bath/shower yourself without help? Do you need prompting to have a bath? Can you wash independently if given a bowl or taken to a sink?

Please indicate if dentures are worn and if there are any issues regarding removal for cleaning e.g. we may clean your dentures in your mouth using toothpaste because you may be reluctant to remove your dentures.

### Sight and hearing:

Tell us whether glasses/contact lenses are worn and for what period they are worn during the day. Tell us if you are able to see clearly with/without aids. Can you read the print in a book and can you find your way around without bumping into objects? Can you identify light/objects? Tell us if you are blind or partially sighted.

Tell us if you have problems hearing, have a hearing aid, need to be spoken to clearly or loudly to, or if you are totally deaf in one (identify which) or both ears.

### Mobility:

Tell us if you walk steadily and independently without aids. Do you need a stick or frame? Do you use the furniture to steady yourself when walking? Are you prone to falls? Are you restless and don't like to sit still for any length of time? Do you need supervision and assistance? Do you usually go for a walk every day at the same time (specify)? Do you need assistance getting in and out of the chair (specify how many people to assist e.g. I need to be hoisted and am unable to sit in chair without supervision).

### Sleep and rest:

Tell us if you wake in the night. Have you had periods where you wake up in the night? If you wake most nights describe how often it happens, what your usual behaviour is and how you settle.

Let us know what time you usually go to bed and describe your routine e.g. cup of hot chocolate and any prescribed medication to aid sleep. Tell us what time you usually get up.

### Going to the toilet:

Tell us if you are fully continent and able to take yourself to the toilet. Do you have any trouble controlling your bowels or urine? Do you misidentify objects for the toilet e.g. a sink or have accidents at night. Tell us if you have medication or a special diet to keep bowel movement regular.

Do you wear protective pads/clothing or have stress incontinence when coughing/sneezing.

### Dressing and appearance:

Tell us if you can dress without help. Do you need assistance with buttons and zips?

Do you need prompting and help to dress correctly or are you unable to dress yourself?

Tell us about your appearance e.g. you like your hair styled, your make-up and clothing.

### Skin:

Tell us if you have any wounds or sores.

**Specific things you need to know to care for me**

**Eating and drinking:**

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**Hygiene:**

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**Sight and hearing:**

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**Mobility:**

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**Sleep and rest:**

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**Going to the toilet:**

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**Dressing and appearance:**

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**Skin:**

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Completed by: .....

Relationship to patient: .....



## Operations and tests

Special things you need to know to care for me

### I will let you know I'm in pain by:

Is there something you say or do that would let us know you're in pain?

E.g. holding the area, grimacing, making a noise?

### You'll know I'm frightened because:

Do you become quiet or withdrawn?

Do you cry or shout?

Do you become angry and upset?

### When I'm upset I feel better when you:

Is there music you like?

Do you like people to talk or hold your hand?

Do you prefer to be left alone?

### You can help me to understand things better by:

Do you have a special hospital book about your treatment?

Would pictures help?

**Operations and tests**

Special things you need to know to care for me

**I will let you know I'm in pain by:**

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**You'll know I'm frightened because:**

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**When I'm upset I feel better when you:**

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**You can help me to understand things better by:**

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# All about me

## Staff information

**This document can be completed by the patient or used to gain information from relatives and carers to help us care for confused patients or patients with communication or learning difficulties.**

1. Ensure confused patients or those with learning difficulties are allocated to a clinical environment which meets the individual's needs (NB Following assessment on CDU, if at all possible, the patient should not be moved to another area unless there is a clinical need to do so).
2. As soon as possible after admission, ask patient/relative/carer to complete assessment sheets "All about me" using the prompt pages to aid completion.
3. Once completed the "All about me" booklet should be kept at the bedside and go with them to theatre and any investigation. Please incorporate individualised information into care plans.
4. Ensure that all staff caring for the patient are aware of the "All about me" information and use it to inform their care.