

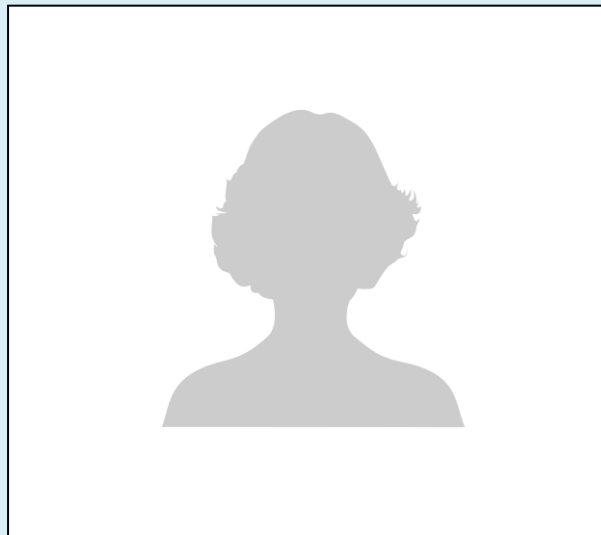
This is Me



This is a leaflet for Te Omanga Hospice staff to read and use.
It can be added to if things change.

The name I like to be called is: _____

My full name is: _____



Here is some information about me that may help me to feel safe
and
for you to give me the best possible care.

I currently live at:

.....

With:

.....

.....

Pets who are important to me:

.....

.....

.....

Places that are important to me:

.....

.....

.....

.....

My Life so Far.....

Where I grew up:

.....

.....

.....

Where I went to school:

.....

.....

.....

What sort of job(s) I did:

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.....

.....

.....

Places I've lived:

.....

.....

.....

Where I've enjoyed holidays:

.....

.....

.....

.....

Music I enjoy:

Hobbies/interests/what I like to do in my spare time:

Is there anything you like to listen to/watch:

What about now?:

Things that are important to me now:

Things that I like to have around me:

Things that make me feel happy and contented:

Things that I miss now (eg pet, friend):

Things that frighten/worry/upset me:

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Things that make me feel better if I am anxious or upset:

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My Day

My Personal Care:

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How I get around:

How I dress:

How I eat / what foods I like and dislike:

What I like help with:

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What I don't like help with:

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.....

The best way for us to communicate with each other (first language):

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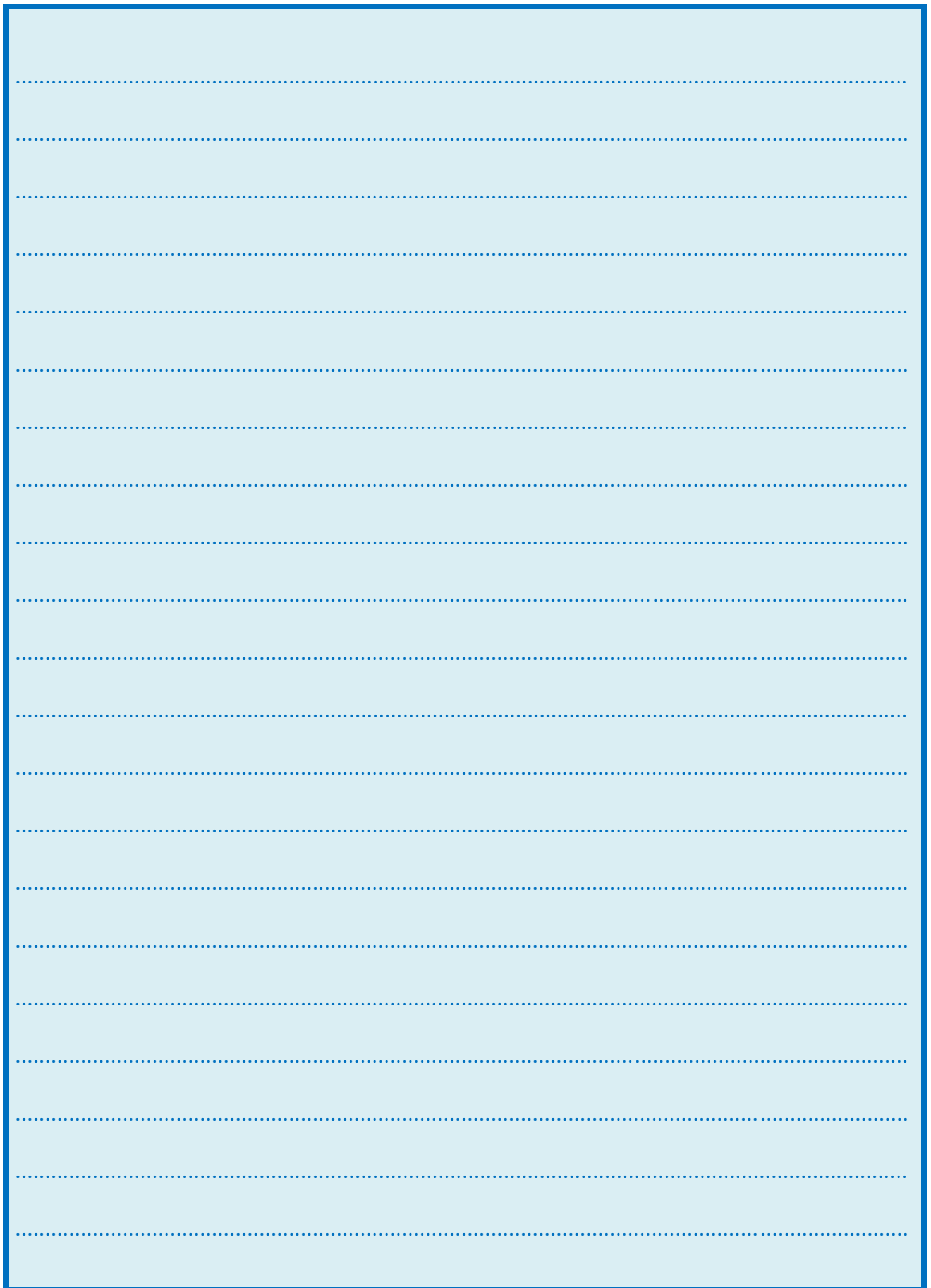
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Things that I like to have around me:

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.....

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DECLARATION:

This information has been completed by the people named below. I/we agree that this information can be shared with health and care workers.

Name

Signature.....

- Patient Family/whanau member Other support person (state relationship with patient)

Date.....

Date(s) updated.....

Te Omanga Hospice acknowledges Alzheimers UK and Mary Potter Hospice for the basis of this document. Ref: www.alzheimers.org.uk

Guidance Notes to Help You Complete This Is Me

Name I like to be called: Enter your full name on the front and the name you like to be called inside.

Where I live: The area (not the address) where you live and how long you have lived there

Carer/the person who knows me best: This may be a spouse, relative, friend or carer.

I would like you to know: Include anything you feel is important and will help staff to get to know and care for you, e.g. I have dementia, I have never been in hospital before, I prefer female carers, I am left-handed, I am allergic to...., other languages I can speak.

My life so far (family, home, background and treasured possessions): Include place of birth, education, marital status, children, grandchildren, friends and pets. Any religious or cultural considerations.

Current and past interests, jobs and places I have lived: Include career history, voluntary experience, clubs and memberships, sports or cultural interests.

Things that may worry or upset me: What time do you usually get up/go to bed? Do you have a regular nap or enjoy a snack or walk at a particular time of the day? Do you have a hot drink before bed, carry out personal care activities in a particular order, or like to watch the news at 6pm? What time do you prefer to have breakfast, lunch, evening meal?

Things that may trouble or upset me: Include anything that you may find troubling, e.g. family concerns, being apart from a loved one, or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may also make you feel anxious, e.g. Open doors, loud voices or the dark.

What makes me feel better if I am anxious or upset: Include things that may help if you become unhappy or distressed, e.g. comforting words, music or TV. Do you like company and someone sitting and talking with you or do you prefer quiet time alone?

My Hearing and eyesight: Can you hear well or do you need a hearing aids? How is it best to approach you? Is the use of touch appropriate? Do you wear glasses or need any other vision aids?

How we can communicate: How do you usually communicate, e.g. verbally, using gestures, pointing or a mixture of both? Can you read and write and does writing things down help? How do you indicate pain, discomfort, thirst or hunger? Include anything that may help staff identify your needs.

My Mobility: Are you fully mobile or do you need help? Do you need a walking aid? Is your mobility affected by surfaces? Can you use stairs? Can you stand unaided from a sitting position? Do you need handrails? Do you need a special chair or cushion, or do your feet need raising to make you comfortable? What physical activity to you take?

My Sleep: Include usual sleep patterns and bedtime routine. Do you like the light left on or so you find it difficult to find the toilet at night? Do you have a favoured position in bed, special mattress or pillow?

My personal care: List your usual practices, preferences and level of assistance required in the bath, shower or other. Do you prefer a male or female carer? Do you have preferences for brands of continence aids, soaps, cosmetics, toiletries, shaving, teeth cleaning or dentures? Do you have particular care or styling requirements for your hair?

How I take my medication: Do you need help to take medication? Do you prefer to take liquid medication?

My eating and drinking: Do you need assistance to eat or drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery or crockery to eat and drink? Does food need to be cut into pieces? Do you wear dentures to eat or do you have swallowing difficulties? What texture food is required to help - soft or liquidised? Do you require thickened fluids? List only special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Include information about your appetite and whether you need help to choose food from a menu.

Other notes about me: Include optional details about you that are not listed above and help to show who you are, e.g. favourite TV programmes or places, favourite meals or food you dislike, significant events in your past, expectations and aspirations you have.

Indicate any advance plans that you have made, including the person you have appointed as your attorney, and were health and social care professionals can find this information.

**For questions about completing this form call
Te Omanga Hospice (04) 569 7921**

For help/support or information about dementia

Phone 0800 004 001 or Visit www.alzheimers.org.nz