

# All about me

**My name** .....

**I like to be called** .....

Please place a photo of yourself or a photo of something  
that is special to you in this space

**This booklet will help people care for me as I sometimes have difficulty expressing my needs and wishes. The booklet was designed primarily for people with Dementia; however it is also helpful for people with other types of memory problem or difficulties in communicating.**

**I am happy for this information to be shared with people involved in my care.**

This booklet was filled out by .....

Relationship to the person .....

Date .....

## About me

The people who know me best are .....

.....

I am happy for ..... to be contacted to help me

My birthday is .....

Things that are important to me and that I like to talk about are (e.g. home, spouse, family, pets, hobbies, clubs, work history, tv, music) .....

.....

.....

The beliefs and values I have that I want you to be aware of are .....

.....

Things which may worry or upset me .....

.....

I show I am worried or upset by .....

.....

Things that may help if I become worried or upset are .....

.....

You can tell I'm in pain or discomfort by .....

.....

I communicate and make choices (e.g. talking, reading, writing, gestures or looking at things) by

.....

.....

Ways to help me take my medicine are .....

.....

.....

## My routine

I normally get up at .....

I need help or prompting with washing and dressing  Yes  No  Sometimes

My washing and dressing routine is .....

.....

I prefer a  Shower  Bath  Strip wash

If I need help I prefer to be helped by a  Man  Woman  Don't mind

I have dentures  No  Full  Partial  Need help

I wear my dentures  All the time during the day  Never  Only for .....

I wear a hearing aid  Yes  No  Need help to use

I wear glasses  All the time  For reading  Not at all

I might need help to find the toilet when I am in a new place  Yes  No

I feel confident walking on my own  Yes  No

I walk with the help of .....

During the day I like to spend my time .....

.....

To keep me comfortable when I am sitting I need (e.g. blanket over knees, cushions behind back)

.....

.....

I like to have a nap during the day  Yes  No  Time .....

At night I normally go to bed at .....

Things that help me sleep are .....

.....

I like a light left on  Yes  No

I find it difficult to find the toilet at night on my own  Yes  No  Sometimes

## Eating

I have a special diet, it is (e.g. religious, gluten free, thick puree, diabetic, vegetarian)

.....

I like my portion size to be  Tea plate size  Regular  Large

For breakfast I usually eat .....

.....

For lunch I usually eat .....

.....

For my evening meal I usually eat .....

.....

I enjoy snacks like .....

My favourite foods are .....

.....

Foods that I do not like or cannot eat are .....

.....

I like gravy  Yes  No

Other sauces I like .....

The help I need at meal times is e.g. none, special cutlery, encouragement, extra time,  
some one to help me .....

## Drinks

I need my drinks thickened  Yes - ask my nurse how thick  No

**My usual hot drink is** .....

I drink it with .....

I have a hot drink in a  Cup and saucer  Mug  Beaker with lid

2 handled beaker  Special cup

**Cold drinks** I like to have are .....

I have a cold drink in a  Glass  Beaker with lid  Other .....