





My usual warm drink (milk/sugar?): \_\_\_\_\_

My usual cold drink: \_\_\_\_\_

I prefer a beaker / cup / mug: \_\_\_\_\_



Foods I like: \_\_\_\_\_

Foods I dislike: \_\_\_\_\_

When I eat, you need to know (swallowing, cutting food, etc.):

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I'm right-handed / left-handed: \_\_\_\_\_



Equipment I need (glasses, hearing-aid, stick, etc.): \_\_\_\_\_

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My bedtime routine, night-time habits, pillows, rails: \_\_\_\_\_

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Skills I could quickly lose if not actively maintained (standing, walking, etc) – although I realise success can't be guaranteed:

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My toilet-related needs (reminders, help, equipment, indications of need):

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Please note: although ward staff will endeavour to meet all the documented needs of the patient, this may not always be possible.



When I take medicines, you need to know (tablets or liquid?/ swallowing? / usually use dosage box?): \_\_\_\_\_

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When you're helping with my personal care, you need to know: \_\_\_\_\_

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What relaxes me: \_\_\_\_\_

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What makes me anxious: \_\_\_\_\_

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Ways of reassuring me (incl. use of special items, name of usual carer, etc):

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The person / people who make(s) me feel safe: \_\_\_\_\_

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This is my (spouse, friend, etc) : \_\_\_\_\_



I enjoy music / radio / TV: \_\_\_\_\_

My hobbies are: \_\_\_\_\_



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Parts of my life I like to reminisce about (job, interests, place I grew up, etc):

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Other topics of conversation that I enjoy \_\_\_\_\_

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You'll know I'm in pain if \_\_\_\_\_

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Anything else which might help you to help me (e.g. reasons I might seem unsettled, my body language, communication, etc):

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Date completed \_\_\_\_\_

By whom \_\_\_\_\_

Relationship to patient \_\_\_\_\_

**In signing this document, I agree that the information in this leaflet may be shared with health and care workers:**

\_\_\_\_\_

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