

# This is me

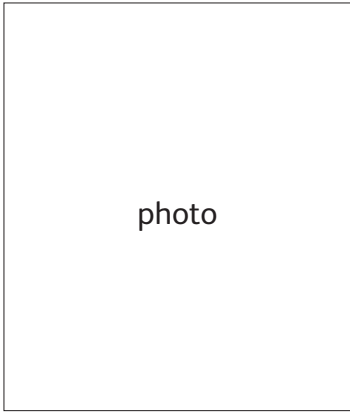
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This leaflet will help you support me  
in an unfamiliar place

Please place a photograph of yourself in the space provided.

My name

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**This is me** is about the person at the time the document is completed and will need to be updated as necessary.

**This is me** should be completed by the person or persons who know the patient best and wherever possible with the person themselves.

Please refer to the back page for guidance notes to help you complete **This is me**.

My name: full name and the name I prefer to be known by

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I currently live

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Carer/the person who knows me best

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I would like you to know

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My home and family, things that are important to me

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My life so far

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My hobbies and interests

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Things which may worry or upset me

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I like to relax by

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My hearing and eyesight

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My communication

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My mobility

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My sleep

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My personal care

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My eating and drinking

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My medication

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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.**

# Guidance notes to help you to complete **This is me**

**This is me** is intended to provide professionals with information about the person with dementia as an individual. This will enhance the care and support given while the person is in an unfamiliar environment. It is not a medical document.

**This is me** is about the person at the time the document is completed and will need to be updated as necessary. This form can be completed by the person with dementia or their carer with help from the person with dementia where possible.

**My name:** Full name and the name I prefer to be known by.

**Where I currently live:** The area (not the address) where I live. Include details about how long I have lived there, and where I lived before.

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

**I would like you to know:** Include anything I feel is important and will help staff to get to know and care for me, eg I have dementia, I have never been in hospital before, I prefer female carers, I don't like the dark, I am left handed, I am allergic to... etc.

**My home and family, things that are important to me:** Include marital status, children, grandchildren, friends, pets, any possessions, things of comfort. Any religious or cultural considerations.

**My life so far:** Place of birth, education, work history, travel, etc.

**My hobbies and interests:** Past or present – eg reading, music, television or radio, crafts, cars.

**Things which may worry or upset me:** Anything that may upset me or cause anxiety such as personal worries, eg money, family concerns, or being apart from a loved one, or physical needs, eg being in pain, constipated, thirsty or hungry.

**I like to relax by:** Things which may help if I become unhappy or distressed. What usually reassures me, eg comforting words, music or TV? Do I like company and someone sitting and talking with me or prefer quiet time alone? Who could be contacted to help and if so when?

**My hearing and eyesight:** Can I hear well or do I need a hearing aid? How is it best to approach me? Is the use of touch appropriate? Do I need eye contact to establish communication? Do I wear glasses or need any other vision aids?

**My communication:** How do I usually communicate, eg verbally, using gestures, pointing or a mixture of both? Can I read and write and does writing things down help? How do I indicate pain, discomfort, thirst or hunger? Include anything that may help staff identify my needs.

**My mobility:** Am I fully mobile or do I need help? Do I need a walking aid? Is my mobility affected by surfaces? Can I use stairs? Can I stand unaided from sitting position? Do I need handrails? Do I need a special chair or cushion, or do my feet need raising to make me comfortable?

**My sleep:** Usual sleep patterns and bedtime routines. Do I like a light left on and do I find it difficult to find the toilet at night? Position in bed, any special mattress, pillow, do I need a regular change of position?

**My personal care:** Normal routines, preferences and usual level of assistance required in the bath or, shower or other. Do I prefer a male or female carer? What are my preferences for continence aids used, soaps, cosmetics, shaving, teeth cleaning and dentures?

**My eating and drinking:** Do I need assistance to eat or drink? Can I use cutlery or do I prefer finger foods? Do I need adapted aids such as cutlery or crockery to eat and drink? Does food need to be cut into pieces? Do I wear dentures to eat or do I have swallowing difficulties? What texture of food is required to help, soft or liquidised? Do I require thickened fluids? List likes, dislikes and any special dietary requirements including vegetarianism, religious or cultural needs. Include information about my appetite and whether I need help to choose food off a menu.

**My medication:** Do I need help to take medication? Do I prefer to take liquid medication?

Dedicated to the memory of Ken Ridley, a much valued member of the Northumberland Acute Care and Dementia Group.

The Royal College of Nursing is pleased to support **This is me**.

To order extra copies call Xcalibre on 01628 529240. For general dementia queries call our Helpline on 0845 300 0336.

**alzheimers.org.uk**