

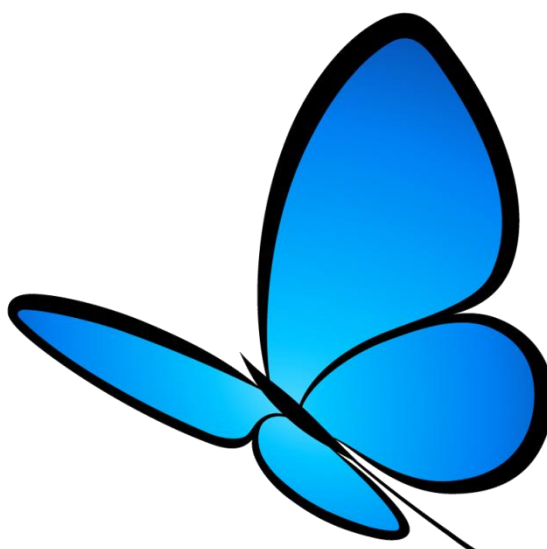


# This is me

**This leaflet will help you support me in an unfamiliar place**

**My full name**

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<b>Title:</b>	This is me		
<b>Owner:</b>	Marie Doyle	<b>Document No:</b>	UHW-Dementia-01
<b>Author:</b>	Marie Doyle	<b>Revision No:</b>	0
<b>Approved By:</b>	Claire Tully	<b>Effective Date:</b>	November 2015
<b>Page No:</b>		<b>Review Date:</b>	November 2017

- ❖ For someone with dementia, changes such as moving to an unfamiliar place or meeting new people who contribute to their care can be unsettling or distressing. **This is me** provides information about the person at the time the document is completed. It can help health and social care professionals build a better understanding of who the person really is.
- ❖ **This is me** should be completed by the individual(s) who know the person best and, wherever possible, with the person with dementia. It should be updated as necessary. It is not a medical document.
- ❖ On the back page you will find more detailed guidance notes to help you complete **This is me**, including examples of the kind of information to include. You might find it helpful to read through these notes before you begin to fill in the form.

I agree that the information in this leaflet may be shared with health and social care professionals	
<b>Name I like to be called</b>	<hr/> <hr/>
<b>Where I live (list your area, not your full address)</b>	<hr/> <hr/>
<b>Carer/the person who knows me best</b>	<hr/> <hr/> <hr/>
<b>My life so far (family, home, background and treasured possessions)</b>	<hr/> <hr/> <hr/> <hr/> <hr/>
<b>Current and past interests, jobs and places I have lived</b>	<hr/> <hr/> <hr/> <hr/>
<b>The following routines are important to me</b>	<hr/> <hr/> <hr/> <hr/>
<b>Things that may worry or upset me</b>	<hr/> <hr/> <hr/> <hr/>
<b>What makes me feel better if I am anxious or upset</b>	<hr/> <hr/> <hr/> <hr/>
<b>My hearing and eyesight</b>	<hr/> <hr/> <hr/> <hr/>

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

<b>Name I like to be called:</b> <ul style="list-style-type: none"> <li>Enter your full name on the front and the name you like to be called inside.</li> </ul>	<b>My hearing and eyesight:</b> <ul style="list-style-type: none"> <li>Can you hear well or do you need a hearing aid?</li> <li>Is the use of touch appropriate?</li> <li>Do you wear glasses or need any other vision aids?</li> </ul>
<b>Where I live:</b> <ul style="list-style-type: none"> <li>The area (not the address) where you live and how long you have lived there.</li> </ul>	<b>How we can communicate:</b> <ul style="list-style-type: none"> <li>How do you usually communicate, e.g. verbally, using gestures, pointing or a mixture of both?</li> <li>Can you read and write and does writing things down help?</li> <li>How do you indicate pain, discomfort, thirst or hunger?</li> </ul>
<b>Carer/the person who knows me best:</b> <ul style="list-style-type: none"> <li>This may be a spouse, relative, friend or carer.</li> </ul>	<b>My mobility:</b> <ul style="list-style-type: none"> <li>Are you fully mobile or do you need help?</li> <li>Do you need a walking aid?</li> <li>Is your mobility affected by surfaces?</li> <li>Can you use stairs?</li> <li>Can you stand unaided from a sitting position?</li> <li>Do you need a special chair or cushion, or do your feet need raising to make you comfortable?</li> </ul>
<b>My life so far (family, home, background and treasured possessions):</b> <ul style="list-style-type: none"> <li>Include place of birth, education, marital status, children, grandchildren, friends and pets.</li> <li>Any religious or cultural considerations?</li> </ul>	<b>My sleep:</b> <ul style="list-style-type: none"> <li>Include usual sleep patterns and bedtime routine.</li> <li>Do you like a light left on or do you find it difficult to find the toilet at night?</li> <li>Do you have a favoured position in bed, special mattress or pillow?</li> </ul>
<b>Current and past interests, jobs and places I have lived:</b> <ul style="list-style-type: none"> <li>Include job history, sports, hobbies or cultural interests.</li> </ul>	<b>My personal care:</b> <ul style="list-style-type: none"> <li>List your usual practices, preferences and level of assistance required in the bath, shower or other.</li> <li>Do you have preferences for brands of continence aids, soaps, cosmetics, toiletries, shaving, teeth cleaning or dentures?</li> </ul>
<b>The following routines are important to me:</b> <ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>What time do you prefer to have breakfast, lunch, evening meal?</li> </ul>	<b>How I take my medication:</b> <ul style="list-style-type: none"> <li>Do you need help to take medication?</li> <li>Do you prefer to take liquid medication?</li> </ul>
<b>Things that may worry or upset me:</b> <ul style="list-style-type: none"> <li>Include anything 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.</li> <li>List environmental factors that may also make you feel anxious, e.g. open doors, loud voices or the dark.</li> </ul>	<b>My eating and drinking:</b> <ul style="list-style-type: none"> <li>Do you need assistance to eat or drink?</li> <li>Any special diet i.e. renal/diabetic/celiac.</li> <li>Can you use cutlery or do you prefer finger foods?</li> <li>Do you need adapted aids such as cutlery or crockery to eat and drink?</li> <li>Does food need to be cut into pieces?</li> <li>Do you wear dentures to eat or do you have swallowing difficulties?</li> <li>What texture of food is required to help – soft or liquidised?</li> <li>Do you require thickened fluids?</li> </ul>
<b>What makes me feel better if I am anxious or upset:</b> <ul style="list-style-type: none"> <li>Include things that may help if you become unhappy or distressed, e.g. comforting words, music or TV.</li> <li>Do you like company and someone sitting and talking with you or do you prefer quiet time alone?</li> </ul>	<b>Other notes about me:</b> <ul style="list-style-type: none"> <li>Include additional 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.</li> <li>Indicate any advance plans that you have made, including the person you have appointed as your attorney, and where health and social care professionals can find this information.</li> </ul>

If you have difficulty with completing this form please contact \_\_\_\_\_ at \_\_\_\_\_

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