

All About Me

This document will help you help me while I'm in the Hospital or in an unfamiliar place.

My Name:

Please place a photograph of yourself in the space provided.



THE RIGHT CARE. RIGHT HERE.

www.theobh.com | 252.449.4500 | Milepost 14 | 4800 S. Croatan Highway | Nags Head

The Outer Banks Hospital is a partnership between Vidant Health and Chesapeake Regional Medical Center.

Photo

All About Me is about the person at the time the document is completed and will need to be updated as necessary.

All About 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 **All About Me**.



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

I currently live

Caregiver – The person who knows me best

I would like you to know

My home and family, things that are important to me

My life so far

My hobbies and interests

Things which may worry or upset me

I like to relax by

My hearing and eyesight

My communication

My mobility

My sleep

I need assistance for

☐ Hygiene ☐ Eating / Drinking _____
☐ Toileting ☐ Dressing _____

My eating and drinking

My medication(s) What works best?

☐ Crushed ☐ Whole ☐ Apple Sauce ☐ Pudding

Date Completed: _____ By whom: _____

Relationship to patient: _____ Phone: _____

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

Guidance notes to help you to complete **All About Me**

All About 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.

All About 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 caregiver 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.

Caregiver – The Person Who Knows Me Best: It may be a spouse, relative, friend or caregiver.

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 caregivers, 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 – such as 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, such as money, family concerns, or being apart from a loved one, or physical needs, for example being in pain, constipated, thirsty or hungry.



THE RIGHT CARE. RIGHT HERE.

I Like To Relax By: Things which may help if I become unhappy or distressed. What usually reassures me, for example 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? 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?

I Need Assistance For: Normal routines, preferences and usual level of assistance required in the bath or shower or other. Do I prefer a male or female caregiver? 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 liquidized? 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(s): Do I need help to take medication? Do I prefer to take liquid medication?