In partnership with

Royal College of Nursing

Alzheimer's Society
United Against Dementia

This is me

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

My full name is

_____

- Please place a photograph of yourself in the space provided.
- Turn to the back page of this form for guidance notes to help you complete **This is me**, including examples of the kind of information to include.
- Keep the completed form in a suitable place so that all care staff can see it and refer to it easily.

photo

Someone who has dementia, delirium or other communication difficulties, can find changes, such as moving to an unfamiliar place or meeting new people who contribute to their care, 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 to 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 involved. It should be updated as necessary. It is not a medical document.

Refer to the notes on the back page to help fill in the categories below.

My full name

Name I like to be called

Where I live (list your area, not your full address)

Carer/the person who knows me best

I would like you to know

My background, family and friends (home, pets and any treasured possessions)

Current and past interests, jobs and places I have lived and visited

The following routines are important to me

Things that may worry or upset me

What makes me feel better if I am anxious or upset

My hearing and eyesight

How we can communicate

My mobility

My sleep

My personal care

How I take my medication

My eating and drinking

Other notes about me

Date completed

By whom

Relationship to person

I agree that the information in this leaflet may be shared with health and social care professionals.

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

Name I like to be called: Enter your full name on the front and the name you like to be called inside.

Where I live: The area (not the address) where you live and how long you have lived there.

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

I would like you to know: Include anything you feel is important and will help staff to get to know and care for you, eg I have dementia, I have never been in hospital before, I prefer female carers, I am left-handed, I am allergic to..., other languages I can speak.

My background, family and friends (home, pets and any treasured possessions): Include place of birth, education, marital status, children, grandchildren, friends and pets. Add religious or cultural considerations.

Current and past interests, jobs and places I have lived and visited: Include career history, voluntary experience, clubs and memberships, hobbies, sports or cultural interests, favourite or significant places.

The following routines are important to me: 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 in the day? Do you have a hot drink before bed, carry out personal care activities in a particular order or like to watch the evening news? What time do you prefer to have breakfast, lunch, evening meal?

Things that may worry or upset me: Include anything you may find troubling, eg family concerns, being apart from a loved one, or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may also make you feel anxious, eg open doors, loud voices or the dark.

What makes me feel better if I am anxious or upset: Include things that may help if you become unhappy or distressed, eg comforting words, music or TV. Do you like company and someone sitting and talking with you or do you prefer quiet time alone?

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

How we can communicate: How do you usually communicate, eg verbally, using gestures, pointing or a mixture of both? Is the use of touch appropriate? Can you read and write and does writing things down help? How do you indicate pain, discomfort, thirst or hunger? Include anything that may help staff identify your needs.

My mobility: Are you fully mobile or do you need help? Do you need a walking aid? Is your mobility affected by surfaces? Can you use stairs? Can you stand unaided from a sitting position? Do you need handrails? Do you need a special chair or cushion, or do your feet need raising to make you comfortable? What physical activity do you take?

My sleep: Include usual sleep patterns and bedtime routine. Do you like a light left on or do you find it difficult to find the toilet at night? Do you have a favoured position in bed, special mattress or pillow?

My personal care: List your usual practices, preferences and level of assistance required in the bath, shower or other. Do you prefer a male or female carer? Do you have preferences for brands of soaps, cosmetics, toiletries, continence aids, shaving or teeth cleaning products and dentures? Do you have particular care or styling requirements for your hair?

How I take my medication: Do you need help to take medication? Do you prefer to take liquid medication?

My eating and drinking: Do you prefer tea or coffee? Do you need help to eat or drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery or crockery to eat and drink? Does food need to be cut into pieces? Do you wear dentures to eat or do you have swallowing difficulties? What texture of food is required to help – soft or liquidised? Do you require thickened fluids? List any special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Include information about your appetite and whether you need help to choose food from a menu.

Other notes about me: Include additional details about you that are not listed above and help to show who you are, eg favourite TV programmes or places, favourite meals or food you dislike, significant events in your past, expectations and aspirations you have.

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.

Download this form or order copies online at **alzheimers.org.uk/thisisme** or call **0300 303 5933**.

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Call the National Dementia Helpline on **0300 222 1122** or visit **alzheimers.org.uk**

1553 Dedicated to the memory of Ken Ridley, a much valued member of the Northumberland Acute Care and Dementia Group.