

# Things You Need to Know About Me:

Please call me: \_\_\_\_\_

Who I live with: \_\_\_\_\_

I was born in: \_\_\_\_\_

I was raised in: \_\_\_\_\_

I have worked in: \_\_\_\_\_

People who are important to me: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My pets: \_\_\_\_\_

\_\_\_\_\_

# My Food and Drink:

I like and enjoy: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

My favourite Hot beverage: \_\_\_\_\_ Milk? Sugar?

My favourite Cold beverage: \_\_\_\_\_

I like to drink from a: Cup? Mug? Tumbler?

I like to be reminded to take a drink: Sometimes? Always?

# Communicating with Me:

Eyesight (Glasses . . .): \_\_\_\_\_

Hearing (Aids/Position . . .): \_\_\_\_\_

I am Right/Left handed: Right handed? Left handed?

I get anxious when: \_\_\_\_\_

\_\_\_\_\_

I am reassured by (people/sounds/objects): \_\_\_\_\_

\_\_\_\_\_

I like to remember and talk about: \_\_\_\_\_

\_\_\_\_\_

My hobbies and interests are: \_\_\_\_\_

\_\_\_\_\_

If I am in pain, you may see me react by: \_\_\_\_\_

\_\_\_\_\_

# To be as independent as possible, I need support with:

(e.g. using the toilet, mobilising daily, encouragement to undertake personal care, etc.)