"I may have de<u>ME</u>ntia, but I'm still me!"



GETTING TO KNOW ME

Personal Information Communication Form

This form is designed for the person living with dementia to complete, with their supporter as appropriate.

It is designed to help care staff reach a better understanding of the person as a fully rounded individual, with a life history and set of strengths as well as needs.

The idea being the form can remain with the person and travel with them (amended as necessary) through their journey with dementia and contact with services.

As people with dementia may experience difficulties with memory and language, the form is also designed to be a bridge to support effective communication.

The overall aim being to promote optimal independent functioning and maximise wellbeing.

Getting To Know Me

Insert Preferred Name Here

Insert Favourite Personal Photo Here



THINGS PEOPLE SAY ABOUT ME

(Include positive attributes and anything which will help staff hold you in the highest regard.)

ABOUT ME

(Include biographical information such as family background, upbringing, schooling, occupations, important relationships and anything else which conveys a sense of family or social context.)

My parents
My siblings
My childhood
My spouse/partner
My family, including beloved pets
Good friends
Favourite places
Holidays enjoyed
Occupations
Lifetime achievements
Unpleasant life events (so we know to avoid talking about them and how best to respond)

THINGS THAT ARE IMPORTANT TO ME

(Include hobbies and interests, musical preferences, TV or film favourites, preferred food and drinks and anything which staff need to be aware of in relation to meeting your individual needs.)

Where is home now?
Who is closest to me now?
Religious, language and cultural needs
Preferred foods
Preferred drinks (including how I like to take my hot drinks)
Food and drink I dislike
Luxury items - sweets, perfume/aftershave etc
How I like to dress/my style
How I like to exercise/my activity level
My hobbies and interests
Things that make me happy

HOW BEST TO SUPPORT ME (Include guidance notes for staff in how to best support you, thinking about what has previously worked best in promoting your independence and maintaining your wellbeing.)
Usual daytime routine (including time I like to get up and go to bed)
Things which help calm and reassure me
Things which can upset or anger me
Support I need with memory and orientation
Support I need with communication (including any communication aids)
Support I need with psychological or mental health issues

Support I need with self-care (including any assistance required)

Support I need with behavioural issues

Support I need with eating and drinking (including any feeding aids)
Support I need with mobility (including any mobility aids)
Support I need with continence (including any continence aids)
Support I need with sleep or during the night-time
Support I need with medical illness or disability issues
Signs that I may in in pain and how I like others to respond
Medication I take and support I need with taking it
Allergies
Other support I need

OTHER IMPORTANT INFORMATION

(Please add anything else which you feel is important in helping care staff understand you as a person and in them meeting your individual needs.)

MAKE A PLAYLIST

(Note singles and albums that may help you feel more settled or uplifted) (You could also list comedy or film clips that may help entertain or relax you)
Favourite artist/s / bands?
Favourite album/s
Favourite tracks for a playlist
Calming
Uplifting

PHOTO ALBUM

(It is suggested that a few pages of meaningful photographs and images are included here, together with short descriptions of people, places, occasions, dates etc)

SCRAP BOOK

(Letters, cards and other mementos which have significance could be included here)