

# Knowing Me



Knowing a few simple things about me, will help you, to help me.  
Please ensure this form travels with me.

*This belongs to:* \_\_\_\_\_

*Who likes to be called:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Date Booklet completed:* \_\_\_\_\_ *By:* \_\_\_\_\_

## People important to me are:

Name:	Relationship:
What they do for me:	
Contact number:	
Can be contacted at night: Yes/No	
Name:	Relationship:
What they do for me:	
Contact number:	
Can be contacted at night: Yes/No	
Name:	Relationship:
What they do for me:	
Contact number:	
Can be contacted at night: Yes/No	
Name:	Relationship:
What they do for me:	
Contact number:	
Can be contacted at night: Yes/No	

What I like to eat and drink:

What I don't like to eat and drink:

How I like to wash and dress (e.g. preference of shower/bath, with support or prompting, casual or smart):

Hobbies, interests and previous occupation (e.g. TV programmes, reading, knitting, jobs):

Normal routine (e.g. Sleep pattern, meal times):

Things that might worry or upset me (e.g. noise, memorable dates, change):

Things that make me feel better (e.g. talking about family, music, afternoon nap):

Eyesight (e.g. I wear glasses for reading/TV, I am blind in my right eye):

Hearing (e.g. good/ bad, deaf in left ear, I wear a hearing aid):

Teeth/dentures (e.g. I wear a top or bottom denture, I need prompting to brush my teeth):

At the moment my mobility is (e.g fully mobile, walking with frame, poor and holding on to furniture):

How you can tell I'm in pain (e.g. I might shout out):

How I may communicate (e.g when restless I might need the toilet, mainly non-verbal communication):

Faith and cultural needs (Practicing religion, faith or cultural needs):

Please use this space for any additional information that you believe is helpful  
(e.g. if an advanced decision has been made, where it is held/ Power of Attorney, Medical information):

Please use this page to attach photos or add any additional information.

# Guidance notes on how to complete 'Knowing Me'

Knowing a few simple things about a person will help clinicians deliver better person centred care.

This form was designed as a communication aid for people who are not able to express themselves due to illness or disability. This form can be started in any care setting including a person's own home. 'Knowing Me' becomes the property of the person whom it relates to and should travel with them. The form is usually completed by a relative or carer on behalf of the person.

Below is guidance on how to complete the form.

## **People who are important to me**

Who is closely involved in the person's care and what do they do? Having a phone number and permission to phone at night can help if the person is disorientated and not able to settle in a different environment.

## **What I like to eat and drink**

For example: *Tea with milk and one sugar. I love fish. I would prefer pies and hot meals rather than a salad. I am vegetarian.*

## **What I don't like to eat and drink**

For example: *I never eat cheese. I don't like sweet things.*  
Allergies can be included here.

## **How I like to wash and dress**

What is their normal routine for washing and dressing and what help is needed? For example: *I need prompting to put clothes on in the right order. I love a bath at night, this helps me to sleep. I prefer a shower in the morning every day. I need full assistance, I can't wash or dress myself.*

## **Hobbies interests and previous occupation**

Knowing how a person likes to occupy their time may help direct staff to offer purposeful activity or conversations. For example: *I always watch the 6pm news on BBC1. I love gardening and gardening magazines. I spend time kitting. I worked as a plumber and like to fix things.*

## **My normal routine**

It is difficult to maintain a normal routine when in a care setting, but knowing what a person normally would do will help plan care. For examples; *I am always up by 6am and like to be dressed by 7am. I start the day with a cup of tea in bed. I go to bed at 10pm with a cup of cocoa*

## **Things that might worry or upset me**

Anniversaries of deaths or speaking about a loved one might upset a person, likewise being left on the toilet alone might be frightening. Knowing what upsets a person will help us to avoid these conversations or activities. For example: *I get very upset on Remembrance Day and don't like to watch the services. Christmas has always been a difficult time for me since I lost my husband. I don't like to be left in the bathroom alone as it frightens me since falling.*

## **Things that make me feel better**

For example: *When I'm upset I like a cup of tea and a chat. I like a hand and foot massage to relax me. I like to be in control of my care and will want to be updated regularly as I sometimes forget. I love classical music and this makes me feel safe.*

## **Other useful information about me**

### **My eyesight**

For example: *I wear the pink glasses for reading and brown glasses for TV. I need to wear reading glasses but will forget, please remind me. I am blind in my right eye, please sit on my left side.*

### **My hearing**

For example: *I am deaf in my left ear, approach me on my right side. I need to me spoken to clearly and slowly as my hearing is poor. I have two hearing aids, please check the battery if I can't hear you.*

### **Dentures**

For example:  
*I have a top plate but don't like to wear it all the time. I have full set of dentures but tend to put them in my pocket.*

### **At the moment my mobility is**

For example: *I tend to walk around holding on to furniture. I use a zimmer frame but may need prompting. I use a stick when I am well.*

### **How you can tell I am in pain**

For example: *I will moan, cry or shout out. I will want to stay in bed and close my eyes, hide away. I may become restless and agitated.*

### **How I communicate**

Even when a person can speak clearly, they may have an illness which means that cannot always articulate what they are saying.

### **When I need the toilet**

For example: *I will start getting restless and walk around. I sing when I am bored.*

### **Faith and cultural needs**

Please let us know if there are any faith or cultural needs.

For example: *My family will bring in halal meals for me each day. I would like to receive communion.*

### **Any additional information that you believe is helpful**

This section is for you to add any other information that would be useful for staff to know. For example, if there is an advanced decision in place and where it is kept. Has power of attorney been granted to someone? If so, who? Is there any relevant medical information? For example: *I have dementia and I am under the memory clinic.*