

All about me

This book contains key information about me that will be helpful in any health or social care setting.

My name is



This is my book. Please do not put it in my medical notes and please keep this book with me at all times and ensure that I take it home with me.

Your All About Me will help us to understand you and care for you better by communicating your needs when accessing health and social care services.

How to use your All About Me

This booklet is best completed at home. Please take your time and ask for help if you need it. You do not have to complete all of the sections at the same time. The more information that you can provide will help us when you access health and social care.

This is your document, and you can update it as and when you feel it is necessary.

When you come into a health or social care setting, **please bring this completed booklet with you. If you come into a hospital, please leave it by your bedside and ask staff to read through it.** It helps us to get to know you better and make reasonable adjustments. Reasonable adjustments are changes to the way we usually do things.

Please do not forget to take you All About Me home with you!

Your property

NHS Lincolnshire accepts no responsibility for the loss of, or damage to personal property (including cash, mobile phones, and other devices) unless deposited for safe custody.

How do I get another All About me?

If you need another paper copy please contact ulth.patient.experience@nhs.net

Alternatively, we have an electronic version you can download, complete and update from www.ulh.nhs.uk/patients/patient-experience/all-about-me/



Proudly funded by

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For the little extras that make a big difference

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My pronouns



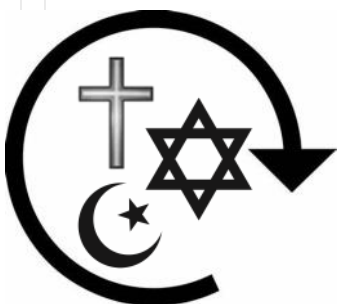
She/her



He/him



They/Them



My name is....

I like to be called....

My date of birth (birthday) is....

I am.....

☐

Right handed

☐

I have no preference

☐

Left handed

My pronouns are....

Gender I identify as now....

☐

Male

☐

Female

☐

Non-binary

☐

Prefer not to say

☐

Other

Gender assigned at birth....

☐

Male

☐

Female

☐

Prefer not to say

My religion / spiritual needs are....

I would like chaplaincy/pastoral support....

☐

Yes

☐

No



The person who knows me best....

Name:

Telephone:

They are my....

☐

Care worker

☐

Friend

☐

Carer (paid)

☐

Family

☐

Carer (unpaid)

☐

Support worker

A carer is anyone, including children and adults who look after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

In hospital, I need my carer to stay with me...

☐

Yes

☐

No

☐

Sometimes

In hospital, I need my carer to stay with me overnight...

☐

Yes

☐

No

☐

Sometimes

My support package looks like....(this includes care packages, day centres etc)



My pets are important to me....






Important things I would like you to know when I am in hospital, for example I like being with other people, or I like it quiet....

A large, empty, rounded rectangular box with a black border, intended for writing about important things to know when in hospital.

My life so far, for example where I was born, my work, family, hobbies and travels, the school I go to or went to....

A large, empty, rounded rectangular box with a black border, intended for writing about life so far.

Things that make me happy....



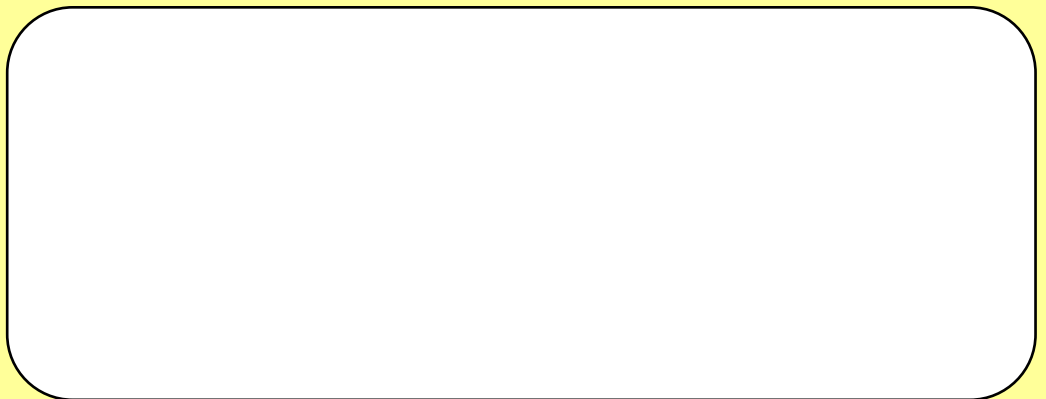
Things that I do like....



Things that make me feel sad....



Things that might make me scared and nervous





Things that might make me angry and panic.....

Things I do not like....

To help me feel calm and safe I like to.... (for example talk to others, go for a walk, listen to)

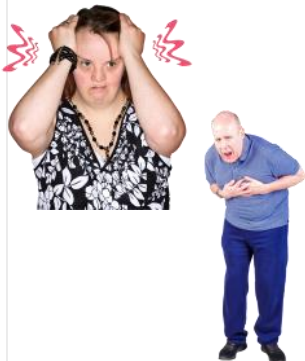
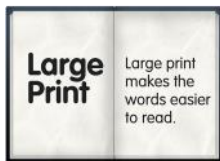


Please tell us about what can help you to avoid distress when accessing health and social care services. Tick any boxes that apply to you.

- ☐ Ask me about my hobbies / 'special interests'
- ☐ I use fidget toys to help manage my anxiety
- ☐ I am calmed by certain textures
- ☐ I am calmed by repeating certain movements
- ☐ I am calmed by repeating certain phrases / sounds
- ☐ Do not expect me to look directly at you
- ☐ Instruct me as to where I should sit
- ☐ Be clear when our appointment has ended and what is going to happen next
- ☐ I might not want to make eye contact

Are there any other ways to help you avoid distress? If so, please write them down in the box below:





Help



My preferred language is....

Other languages I speak....

I prefer to communicate

- | | |
|---|--|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Non verbally |
| <input type="checkbox"/> Using Sign language | <input type="checkbox"/> Using Makaton |
| <input type="checkbox"/> Using pictures and/or images | |
| <input type="checkbox"/> Information in large print | |
| <input type="checkbox"/> Using electronic devices | |
| <input type="checkbox"/> Using objects of reference | |

Other

I use....(please make sure they are clean and working)

- ☐ Glasses ☐ Contact lenses ☐ Hearing aids

I might show pain or distress by....

If my communication differs from above, I would like you to....



My questions and communication preferences....

- ☐ I like closed question with yes or no answers.
- ☐ I like and/or questions, that give me examples or options to pick from.
- ☐ I may need help with conversation balancing as I may go off on tangents.
- ☐ I prefer written, drawn, or storyboarded communication (verbal is not preferred).
- ☐ I like to be given additional time to speak, answer questions or express myself.
- ☐ I may become non-verbal and require a communication aid.
- ☐ I appreciate repetition or pauses for clarity as I may have sensory, information processing delay.
- ☐ I need to be spoken to slowly.
- ☐ I need time to process information (do not speak to me at this time).



If I need support to understand information I would benefit from these people being with me....

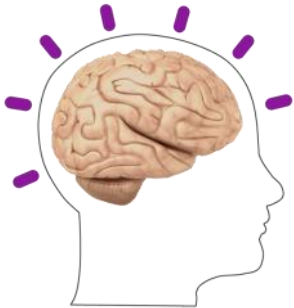
- ☐ Parent
- ☐ Spouse/partner
- ☐ Carer
- ☐ Family
- ☐ Advocate
- ☐ IMCA (Independent mental capacity advocate)
- ☐ Another healthcare or social care professional

Contact details:

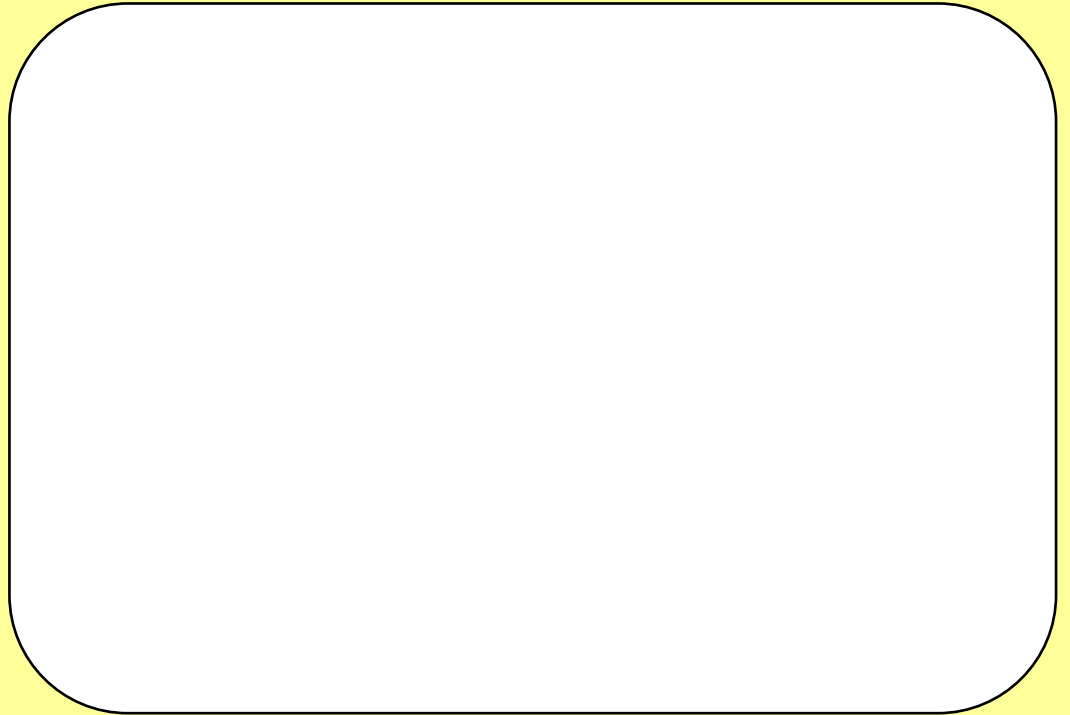
- ☐ **I have a communication passport (please see the important document section at the back of this All About Me. Please take time to read and action).**

Extra information about my communication

Mental Health



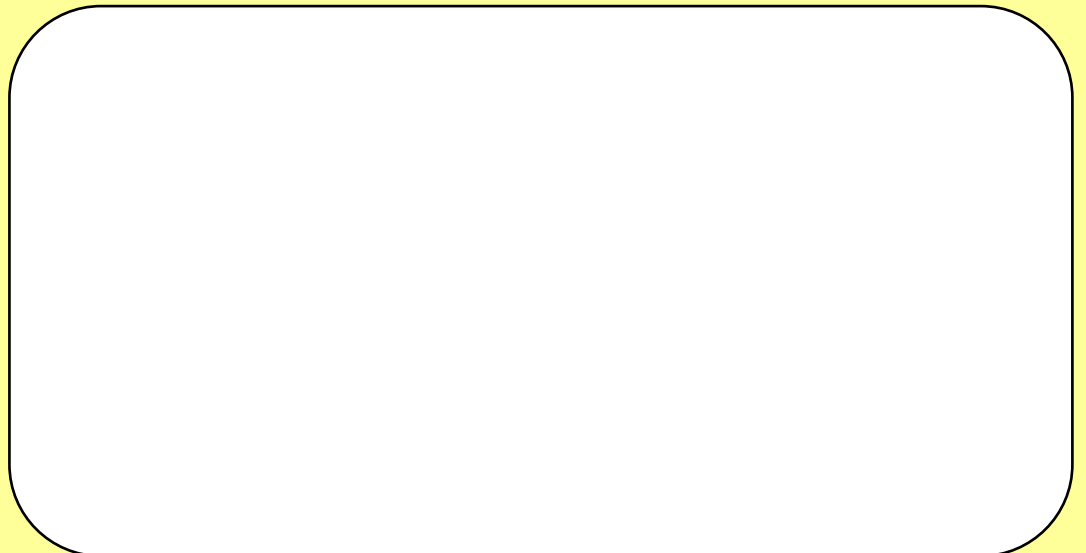
Things which affect my mental health....(for example relationships, money, health)

A large, empty, rounded rectangle with a black border, intended for the user to write down factors that affect their mental health.

When my mental health is not good I might....

A large, empty, rounded rectangle with a black border, intended for the user to write down what they might experience when their mental health is not good.

You can help me by....

A large, empty, rounded rectangle with a black border, intended for the user to write down ways in which they can be helped.

Help





I am allergic to the following medications or I have negative reactions to

If I need to have medication when in hospital

I usually have....

- | | |
|---|--|
| <input type="checkbox"/> Tablets/capsules | <input type="checkbox"/> Crushed tablets |
| <input type="checkbox"/> Syrup/ Liquid | <input type="checkbox"/> Injections |

I will not take.....

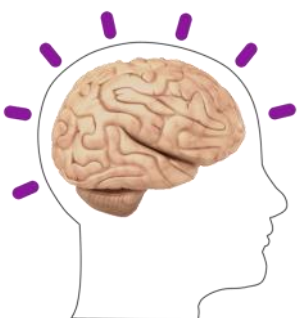
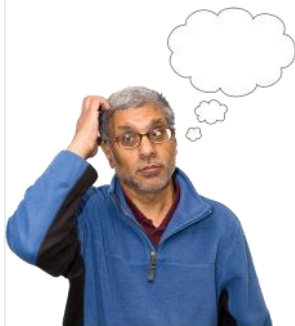
- | | |
|---|--------------------------------|
| <input type="checkbox"/> Tablets/capsules | <input type="checkbox"/> Syrup |
|---|--------------------------------|

If I need support to have a blood test, cannula, injections etc I would like you to?....

Other important things you should know about my tablets and medicine....

I have epilepsy ☐ Yes ☐ No

☐ **I have a Epilepsy Rescue Medication care plan (a copy is in the back of this All About Me)**





Mental capacity is time and decision specific.

When I am well I can make decisions about

Help



If I need help to understand information, you can help me by....

Help with decisions



Lasting Power of Attorney (if applicable)

A Lasting Power of Attorney (LPA) is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf. This gives you more control over what happens to you if you have an accident or an illness and cannot make your own decisions (you 'lack mental capacity').

Type: ☐ **Financial** ☐ **Health** ☐ **Both**

Please indicate name and contact details....



Please ensure a copy is given for your notes/records.



My eating and drinking needs are met....

- ☐ Normal oral intake
- ☐ Orally modified diet
- ☐ Naso gastric tube (NG)
- ☐ Percutaneous Endoscopic Gastrostomy (PEG)
- ☐ Radiologically Inserted Gastrostomy (RIG)
- ☐ Total Parenteral Nutrition (TPN)

Usually....

- ☐ I manage fine on my own
- ☐ I need someone to help me to eat or drink

I am at risk of choking....

- ☐ Yes
- ☐ No

If I have answered yes, this is how you help reduce my risk of choking

I need the following to help me eat and drink.....

- ☐ Help to eat
- ☐ Extra time/not rushed
- ☐ Prompts
- ☐ Cutting up my food
- ☐ Hand over hand
- ☐ Full assistance
- ☐ Help to sit in the correct position
- ☐ Special cutlery or cups



My diet....

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Gluten free |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Coeliac |
| <input type="checkbox"/> Modified food/fluid care plan | |
| <input type="checkbox"/> Other (please state) | |

I am allergic/intolerant to....

- ☐ Cows' milk
- ☐ Eggs
- ☐ Peanuts, soybeans, peas and chickpeas
- ☐ Tree nuts, such as walnuts, almonds, hazelnuts, pecans, cashews, pistachios and Brazil nuts
- ☐ Shellfish, such as prawns, crab and lobster
- ☐ Wheat

Other (please state)

I like to drink from....

- ☐ An open cup
- ☐ A strawed bottle etc
- ☐ A coloured cup

Other (please state)



Do not give me a drink in....

My favourite things I like to eat	I don't like to eat

My favourite things I like to drink	I don't like to drink

☐ I have a Speech and Language Therapy (SaLT) recommendation (a copy is in the back of this All about Me)



My normal mobility is....

	Unaided	Supervised	Prompt
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a walking frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk with sticks/crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am not mobile but I do get out of bed using....

☐

Hoist

☐

Slide sheet

☐

Sara Steady

☐

Assistance from staff

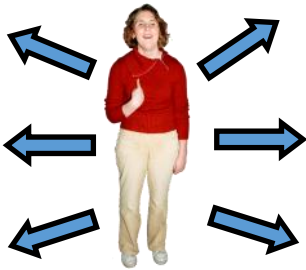
How many staff are needed?

While I am in hospital I will need.... (for example someone to help me get in and out of bed or a chair or in certain position).

☐

I have a Moving and Handling plan. A copy is in the back of this All about Me).



Sensory needs**Spatial awareness**

This is to think about all of your senses; touch, smell, taste, sight and sounds which might have a positive or negative response .

I do like	I don't like

In hospital I would like.... (e.g. my bed in a quieter area, near a bathroom near nurses station etc)

Don't forget.... If you have any sensory items that help reduce anxieties, sensory overload etc please bring them with you.

☐

I have a sensory profile. (A copy is in the back of my All About Me).



At home my usual routine is....

I wake up around....

I go to bed.....



If I need anything in the night I will....

I sleep for hours

I usually use/have....



- ☐ Take sleeping tablets
- ☐ Eye mask/ear plugs
- ☐ Lights on
- ☐ Weighted blanket
- ☐ Have bedsides
- ☐ Air mattress
- ☐ Low bed
- ☐ I have a sleep comforter

Details:

If I can't sleep or wake in the night I like to (for example have a warm drink, read, listen to music, pace/walk)





When I am at home.....

I can wash myself....

☐

On my own

☐

With support

Details:



I can get dressed....

☐

On my own

☐

With support

Details:



I can go to the toilet....

☐

On my own

☐

With support

Details:



I use incontinence aids....

☐

Yes

☐

No

Details/type:



I have a catheter....

☐

Yes

☐

No

If I am constipated I will....



You need to....



I wear...

☐

Full denture

☐

Partial denture

Whilst I am in hospital or receiving care I may need some help with....

☐

Having a wash by the bed

☐

Having a shower

☐

Getting dressed

☐

Shaving

☐

Doing my hair

☐

Putting make-up on

☐

Brushing my hair

☐

Cutting my nails

☐

Cleaning my teeth

Anything else?

In hospital, if I can't use the toilet, I am comfortable using a....

☐

Bedpan

☐

Commode

☐

Wee bottle

☐

Pads

☐

I have a bowel care plan. (A copy is in the back of this All About Me).





My home life....

I live with.....

I have informal help, for example parents, friends, neighbour....

☐

Yes

☐

No

Details....



I have a support package....

☐

Yes

☐

No

Details....

Professional input including contact details

Details....

A reasonable adjustment is a change that a service can make, to help someone with a disability. Reasonable adjustments help people get person-centred health and care. Person-centred means making sure things are put in place to meet your individual needs, if this is possible.

Examples: longer appointment time, first on a theatre list, alternative waiting area or a carer/ friend/family member with you.

Reasonable adjustments I need at hospitalwhat went well in the past?

Planned admission

Emergency admission....

☐

I have a reasonable adjustment plan. (A copy is in the back of my All about Me).

Reasonable adjustments



RITA

RITA (Reminiscence Interactive Therapy Activities) is a digital therapy system that allows patients to listen to music, watch old films, use apps, games and other activities as part of their hospital recovery. RITA's are used primarily for elderly patients living with conditions such as dementia and Alzheimer's.



Sensory Friendly Resources bag for autistic and learning disabilities patients in A&E Departments

The sensory calm bags are intended for autistic patients and/or learning disability patients. The bags contain items that will help reduce anxieties, sensory overload and will enhance their wellbeing and overall patient experience journey in the busy A&E/UTC environment.



Easy read patient information

We have a range of patient information in an Easy Read format and is an accessible format designed for people with a learning disability. The easy read format is easy to understand because it uses simple, jargon free language, shorter sentences and supporting images. To access please scan the QR code.



Care Partner Badges

We have a special initiative called our **Care Partner** badge. The badge recognises that as a **Care Partner**, you should be considered as an expert and equal partner and we need to work with you to achieve this. Having a ULHT **Care Partner** badge means you will be visible and recognised for the incredibly important role you play. For more information please scan the QR code.



Learning Disability cool bags

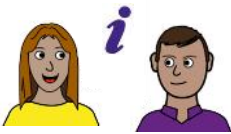
We have Learning Disability cool bags which you may find helpful when you if you need to bring your own favourite foods into the hospital.



Please use the insert to keep your important documents safe

For example:

- Current medication list
- Plans
- Lasting Power of Attorney (LPA)
- RESPECT form
- Epilepsy Rescue Medication care plan



ReSPECT

☐ I have ☐ I don't have

Lasting Power of Attorney (please send supporting documentation of this)

☐ I have ☐ I don't have

Type: ☐ Financial ☐ Health ☐ Both

Advance Decisions

☐ I have ☐ I don't have

Shared Care Agreement

☐ I have ☐ I don't have

Reasonable adjustment care plan

☐ I have ☐ I don't have

Medication chart

☐ I have ☐ I don't have

Speech & language recommendations, placemat

☐ I have ☐ I don't have

Positive Behaviour Support plan

☐ I have ☐ I don't have

Communication Aid / recommendations

☐ I have ☐ I don't have

Pain profile

☐ I have ☐ I don't have

