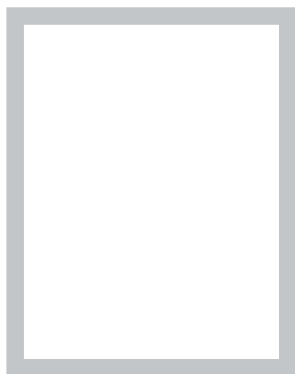


# This is me

This is about me in my home, an environment I am familiar with, and with people I know and who know me well. I will need time, support and reassurance in an environment I don't know.



**My Name**

---

**I like to be known as**

---

**Where I currently live**

---

**Carer/the person who knows me best**

---

**I would like you to know**

---

---

---

## About me

**My home & Family things that are important to me**

---

---

**My early years**

---

---

**My hobbies and interests**

---

---

**Things which may worry or upset me**

---

---

**What helps me to relax**

---

---

**Date completed:** ..... **By whom:** ..... **Relationship to patient:** .....

**Hearing**

---

---

---

**Eyesight**

---

---

---

**Mobility**

---

---

---

**Sleep**

---

---

---

**Personal Care**

---

---

---

**Communication**

---

---

---

**Eating**

---

---

---

**Drinking**

---

---

---