Use this sheet to write down useful information about yourself and your own needs.

**My full name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_­­­­­­\_\_\_\_\_\_**

**I like to be called:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For the purpose of supporting my needs and those of the person I care for, I consent to this information about me being shared with relevant others*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where I live *(area, not full address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_

I am the main carer for*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

My relationship to them:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person I care for:

* Lives with me
* Lives elsewhere: *(area, not full address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* They be contacted by phone on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_
* They cannot answer the phone and­­­­­­

**My emergency contact is:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to me:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the person I care for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My situation and needs are known to Devon Carers**

* **Yes No**

**The needs of the person I care for are known to Social Care services**

* **Yes No**

**\*The details can be accessed by Social Care services: 0345 1551 007**

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**I have underlying medical needs**

**My needs include:** *(please include diagnosed conditions and most important information someone might need to know quickly. More detailed information will be requested below)*

**Symptoms relating to my condition(s) which mean I may be unwell include:**

**What helps is:**

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**My Care and Support needs**

|  |  |  |
| --- | --- | --- |
| **Support with:**   * *(Tick if you are independent)* | **Details:** *Brief important details, or if more complex write ‘refer to…(eg medication sheet / Moving and Handling plan)* | **Are you supported with this?**  Y/N  Who by? |
| * Safety / risks |  |  |
| * Communication |  |  |
| * Personal care  |  |  | | --- | --- | | Clothes |  | | Continence |  | | Keeping clean |  | | Other |  | | I need prompting / physical help from 1 or 2 |  |
| * Medication |  |  |
| * Food & Drink |  |  |
| * Mobility  |  |  | | --- | --- | | Walking |  | | Standing/sitting |  | | on the bed |  | | positioning |  |  * I have a Moving & Handling plan | I need prompting / physical help from 1 or 2 |  |
| * Household tasks |  |  |
| * Emotional support |  |  |
| * Behaviour |  |  |
| **Support with:**   * *(Tick if you are independent)* | **Details:** *Brief important details, or if more complex write ‘refer to…(eg medication sheet / Moving and Handling plan)* | **Are you supported with this?**  Y/N  Who by? |
| * Keeping in contact / socialising with others |  |  |
| * Recreational activities |  |  |
| * Sleep/needs at night |  |  |

**Additional information**

I am also assisted by care workers.

* Yes No

If yes, the care workers are from:

* An agency Personal assistants

Contact details:

**Other information**: (include any information you have not covered above and would like to be known)

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**I am a carer for more than one person / I have main responsibility for others** *(eg children)*

* As well as being the main carer for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I also care for / have responsibility for \_\_\_\_\_\_ others too:

*(if relevant, include information in your ‘What if…’ file to identify needs for each person who relies on you for essential care. If you are the parent of a child/children, you don’t need to record their care needs, unless they have a disability, please just write who to contact if you were to be suddenly unavailable, eg* ***Emergency contact:*** *John Brown,* ***Tel****: xxxx* ***Relationship to the person****: Father)*

|  |  |  |
| --- | --- | --- |
| **I also care for/ have responsibility for:** | **If I am unavailable, please contact:** |  |
| **Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * Child * Adult   **Relationship to me:** | |  | | --- | | **Emergency contact:** | | **Their relationship to this person:** | | * Lives with me * Lives elsewhere * Lives with me some of the time * **More detailed information about their needs is kept with this plan** * No |

|  |  |  |
| --- | --- | --- |
| **I also care for/ have responsibility for:** | **If I am unavailable, please contact:** |  |
| **Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * Child * Adult   **Relationship to me:** | |  | | --- | | **Emergency contact:** | | **Their relationship to this person:** | | * Lives with me * Lives elsewhere * Lives with me some of the time * **More detailed information about their needs is kept with this plan** * No |

|  |  |  |
| --- | --- | --- |
| **I also care for/ have responsibility for:** | **If I am unavailable, please contact:** |  |
| **Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * Child * Adult   **Relationship to me:** | |  | | --- | | **Emergency contact:** | | **Their relationship to this person:** | | * Lives with me * Lives elsewhere * Lives with me some of the time * **More detailed information about their needs is kept with this plan** * No |

|  |  |  |
| --- | --- | --- |
| **I also care for/ have responsibility for:** | **If I am unavailable, please contact:** |  |
| **Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * Child * Adult   **Relationship to me:** | |  | | --- | | **Emergency contact:** | | **Their relationship to this person:** | | * Lives with me * Lives elsewhere * Lives with me some of the time * **More detailed information about their needs is kept with this plan** * No |

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***My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Information I would like you to know about who I am:***

*(eg, my background / family / friends / pets / likes / dislikes)*

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