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 my carer, I consent to this information about me being shared with relevant others*

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

Relationship (if not completed by me)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The carer/person who knows me best is: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Their contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This person:

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

**My other emergency contact is:**

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

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

**My needs are known to Social Care services (Tel 0345 1551 007)**

* Yes No

My GP surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_**

**My capacity**

(myability to use and understand information to make a decision, and be able to communicate my decision to others)

**I understand my own needs, can weigh up risks and can talk to others about my choices:**

* Yes, for all decisions
* For some decisions *(details):*
* No, not for any decisions
  + I do not have a Lasting Power of Attorney
  + I do have a Lasting Power of Attorney for
* Finances
* Health and welfare

My attorneys are (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have capacity, but to communicate with me, this helps**:**

**My needs**

**I rely on others to support me because:** *(diagnosed conditions, allergies, and most important information someone might need to know quickly. Include any fuller details elsewhere on the form)*

**Symptoms which mean I may be unwell include:**

**The things I can do for myself include:**

**What may help me feel better if I am anxious or upset:**

**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 assisted with this?**  My carer  A worker |
| * Safety / risks |  | * Carer * Worker |
| * Communication |  | * Carer * Worker |
| * Personal care  |  |  | | --- | --- | | Clothes |  | | Continence |  | | Keeping clean |  | | Other |  | | I need prompting / physical help from 1 or 2 | * Carer * Worker |
| * Medication |  | * Carer * Worker |
| * Food & Drink |  | * Carer * Worker |
| * Mobility  |  |  | | --- | --- | | Walking |  | | Standing/sitting |  | | on the bed |  | | positioning |  |  * I have a Moving & Handling plan | I need prompting / physical help from 1 or 2 | * Carer * Worker |
| * Household tasks |  | * Carer * Worker |
| * Emotional support |  | * Carer * Worker |
| **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 assisted with this?**  My carer  A worker |
| * Behaviour |  | * Carer * Worker |
| * Keeping in contact / socialising with others |  | * Carer * Worker |
| * Recreational activities |  | * Carer * Worker |
| * Sleep/needs at night |  | * Carer * Worker |

**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)

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

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