

Patient's name: \_\_\_\_\_

# ALL ABOUT ME

**What matters most to me:**

**Hobbies & Interests:**

**I Dislike**

**Birthplace/places I have lived:**

**I prefer to be called**

**Occupation:**

**You Can Give Me Great Care By:**

**People who are important to me:**

**I Wear**



\*Please hang above bed and transfer with the patient\*

**Help us get to know you:** Please fill out the *All About Me* page by yourself, with staff, alongside family members, or with someone who knows you best. Need help with filling out the All About Me page? Here are some ideas to help you get started.

**What Matters Most to me:**

**For example**

- Cultural and religious ties/practices
- Favourite food/colour/smell
- Family and pets
- Treasured possessions
- What makes you feel better when you are worried/upset?
- Family and friends who know me best are...
- Who knows you best? How would you like us to contact them if needed?

**Hobbies and Interests...**

- Current/past hobbies/interests
- Favourite TV shows/movies/books
- Best memories/places I've visited/people I know

**Birthplace/places I have lived...**

- places you've lived or travelled that are significant to you
- Ethnic background (if relevant to your care)
- Do you speak any other languages?

**You can give me great care by...**

- What time do you usually get up/go to bed/nap?
- Do you engage in certain activities/routines at certain times of the day?
- What order do you carry out personal care activities?
- Was there a time you loved your care? What did the staff do that was extra special?
- Do you have a medical/mental health history that you feel staff should know about?
- How do you prefer to communicate with staff? Examples: are you hard of hearing, or do you have trouble seeing? Do we need to speak or approach slowly? Be visible when speaking?

**People who are important to me:**

- Family, friends, pets, spiritual support

**I dislike...**

- What worries/upsets you?
- What environmental factors make you feel anxious/upset (loud noises, open doors, lighting)?

**Occupation...**

- Career history
- Volunteer work/Education/training

**I wear...**

- Do you have hearing aids, glasses, or dentures?