

Getting to know you

Being in hospital can be a very distressing time for anyone but more so if your memory is failing or you are unable to communicate.

As staff looking after a person that you care about, we want to support them during this time.

Please can you take a few minutes to read and answer the following questions that may help us to look after the patient more appropriately.

1. How does the person like to be known? Please indicate which would be preferred.

Mr/Mrs/Miss

First Name

Pet Name

2. Where did they live before their current address?

3. What job of work did they do?

4. Do they/did they have pet/s?

Type and name/s

5. Names of people they might talk about or call out for. Please indicate if they have died.

Relationship

Name

Deceased

6. Did they serve in any capacity during the war or were they evacuated, or go through any other traumatic event?

7. Is there anything that they may become frightened of e.g. the dark, male staff, needles?

8. Meals and drinks - likes and dislikes

Favourite drink, please tick relevant check box

Tea	Milk	1 sugar
Coffee	No milk	2 sugar
Other	No sugar	3 sugar

Normal eating patterns at home

Breakfast

Cereal (give details)

Bread: White

Brown

Butter

Margarine

Jam

Marmalade

Fruit

Fruit juice

Yogurt

Lunch

Hot

Cold

Supper

Hot

Cold

Are there any foods the person particularly dislikes i.e. fish, cheese?

Are there any particular dietary requirements?

9. Do they have a favourite TV or radio programme?

10. Do they enjoy sporting events i.e. football, snooker?

11. Do they like reading magazines, books, papers? Please give details.

12. Night Time

How do they normally sleep at home, for example do they normally sleep through the night, get up at regular intervals to visit the toilet (or for another reason), do they normally sleep with a light on?

What time do they normally go to bed and get up?

Do they sleep on their back or side?

How many pillows do they use?

13. Toileting

Is there any particular way or words they use to indicate they may want to use the toilet e.g. patting their stomach. If male do they usually stand at the toilet?

14. Any other information you want to provide.

These questions are designed to help staff support the person you care about and will be shared only with relevant therapy staff such as dieticians and occupational therapy.

Thank you for taking the time to complete this form.

**If you would like this information in another language or format,
please contact the Patient Information Officer on 0116 295 0903**