Getting to Know You!

|  |
| --- |
| Full name: ……………………………………………………Date: …………………………………………………………. |

This information will help us to support you in a way that you like.

There are guidance notes at the back of this to help you complete **Getting to Know You! -** including examples of the kind of information to include. You might find it helpful to read through these notes before filling in the form.

|  |  |
| --- | --- |
|   Photo | Name you like to be called by:Carer / the person who knows you best:Contact details (phone / email): |

|  |  |
| --- | --- |
| Capacity:Can you consent to the service being offered?How do you make decisions and choices? |  |
| Your life so far: Family, home, college, work, background. |  |
| Current and past interests: Places you like to visit and things you like to do. |  |
| What routines or ways of doing things are important to you? |  |
| What things worry or upset you? |  |
| What makes you feel better if you are anxious or upset? |  |
| How do you like to communicate? |  |
| Your hearing and eyesight. |  |
| Your mobility. |  |
| Your personal care. |  |
| How do you take your medication? |  |
| Help with eating and drinking. |  |
| Help at bedtime and the way you sleep. |  |
| Your religious and cultural beliefs. |  |
| Any health issues we need to be aware of? This includes physical and/or mental health support |  |
| How do you manage your finances? |  |
| Skills you would like to develop. |  |
| Other things you would like us to know. |  |

Date completed: ……………By whom: …………………………………

Relationship to person: …………………………………………………..

Contact details – phone ………………………………………………….

* Email ………………………………………………….

Who has gathered this information ……………………………………..

I agree that this information may be shared with those involved in supporting my care, health and well-being.

Signed: ………………………… ……………

Print name: …………………………………..

|  |
| --- |
| What other assessments have been received to contribute to getting to know you? Eg schools, day service, professional assessments  |
|  |



Guidance notes to help you complete **Getting to know you!**

**Name you like to be called:** Enter your full name on the front and the name you like to be called inside.

**Carer / the person who knows you best:** This may be a parent, spouse, relative, friend or carer

**Capacity:** Has a mental capacity assessment been completed with you? Are you able to make your own decisions and choices, do you need some help to make decisions or do other people need to make decisions for you? If so, who? Do you have a Health and Welfare Lasting Power of Attorney or Advanced Decision in place?

**Your life so far (family, home, college, work, background):** Include place of birth, education, family, pets, where you’ve lived, if you are in a relationship, work etc.

**Your current and past interests, places you like to visit, things you like to do:** Include clubs and memberships, hobbies, interests, sports, cultural interests.

**What routines and ways of doing things are important to you:** Include what time you like to get up / go to bed,regular nap, having a snack, like personal care carried out in a particular order, like to watch the news etc.

**Things that may worry or upset you:** Include anything you might find troubling, eg family concerns, physical needs such as being in pain, open doors, loud voices, being in the dark etc.

**What makes you feel better if you are anxious or upset:** Include things that might help if you become unhappy or distressed, eg comforting words, music or TV? Do you like company and someone sitting with you or to be left alone?

**Your hearing and eyesight:** Can you hear well or do you need a hearing aid? How is it best to approach you? Is the use of touch appropriate? Do you wear glasses, contact lenses or use any other visual aids?

**How do you like to communicate:** How do you usually communicate, eg verbally, using gestures or sign language, pointing, or a mixture of both? Can you read and write? How do you indicate pain, discomfort, thirst or hunger?

**Your mobility:** Are you fully mobile or do you need help? Do you use a walking aid? Can you use stairs? Can you stand unaided from a sitting position? Do you need a special chair or cushion? What physical activity do you take?

**Your personal care:** List your usual practices, preferences and levels of assistance needed. Do you prefer a bath or shower? Do you prefer a male or female carer? List your preferences for brands of toiletries, cosmetics. Do you need help shaving? Do you wear dentures? Do you have particular care or styling preferences for your hair?

**How do you take your medication:** Do you take regular medication?Do you need help to take medication? Do you prefer to take liquid medication?

**Help with eating and drinking:** Do you need assistance to eat and drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery, crockery or cups to eat and drink? Does your food need to be prepared in specific way eg cut in to small pieces? Do you have difficulty swallowing? Do you require thickened fluids? List any dietary requirements or preferences you have including likes and dislikes. Include information about your appetite and whether you need help to choose food from a menu.

**Help at bedtime and the way you sleep:** Include usual sleep patterns, time you like to go to bed and get up, if you like the light left on, door open or closed. Do you find it difficult to go to the toilet in the night? Do you have a favourite sleeping position?

**Your religious and cultural beliefs:** Do you speak another language? Do you have a particular dress code to adhere to? Does your diet need to meet your cultural or religious beliefs? Do you need time or space to practice religious observation? Do you attend a particular place of worship? Do you belong to any associations that are important to your religion or culture? Are there any medical interventions that are not suitable due to your religion or culture? Do you prefer male or female carers to support you?

**Any health issues we need to be aware of, this includes physical and / or mental health support:** List any known / previous health issues, any support required with these and any professionals involved.

**How do you manage your finances?** Can you manage your own money? Do you have your own bank account? Do you have an appointee to help you? Is there a Financial Lasting Power of Attorney in place?

**Skills you would like to develop:**

Could include travelling on your own, cooking, preparing food and drinks. Help with relationships and getting along with others. Keeping your house clean and maintaining your tenancy.

**Other things you would like us to know:** Include anything you feel is important and will help us to get to know and care for you e.g. don’t like noisy places, being left handed, allergic to ………, other languages you speak etc. You might also want to tell us about favourite TV programmes or places, expectations and aspirations you may have. The more things you tell us the better we will be able to support you.