

This is Me

**Family,
Please use this leaflet to help us
get to know your loved one**





My name is: _____

I prefer to be called: _____

I would like you know the following information about me:

How I like you to communicate with me	My Preferences on Eating and Drinking, Medication
Things that may upset me	What makes me feel better
My Rest and Sleep	My Mobility
My Hygiene Needs (e.g., bathing & toileting routines, what helps)	How I like to spend my time, People & Things important in my life

Staying in the hospital can be difficult. This form provides an opportunity for the staff to see your loved one as a unique person who is part of a larger network of relationships. This is not a medical document and should be completed by individual(s) who know the person well. **Date:** _____ **Completed by:** _____ **Relationship:** _____