

# This is me<sup>®</sup>

This leaflet will help you support me in an unfamiliar place.

My full name is

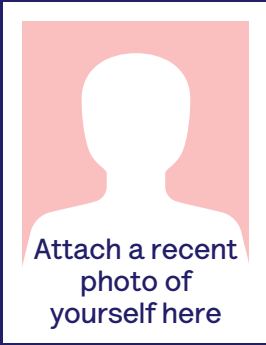
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- See the notes on page 4 to help you complete **This is me**, including examples of the kind of information to include.
- Keep this leaflet with you and put it in a suitable place so that all the people caring for you can see and refer to it easily.

In partnership with





A person who has dementia, delirium or other communication difficulties can find changes, like moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. **This is me** can help to reduce this distress. It helps health and social care professionals build a better understanding of who the person really is, which can help them deliver care that is tailored to the person's needs.

**This is me** should be completed as early as possible, so the person can take it to a new place or give it to new people who contribute to their care. It should be updated as necessary.

**This is me** should be filled in by the individual(s) who know the person best and, wherever possible, with the person involved. It is not a medical document.



## About me

(See the notes on page 4 for ideas about the kind of information to include)

Name I like to be called

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Where I live (area not the full address)

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The carers/people who know me best

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I would like you to know

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My personal history, family and friends, pets and any treasured possessions

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## My background

(See the notes on page 4 for ideas about the kind of information to include)

My cultural, religious and spiritual background

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My interests, jobs and achievements

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Favourite places I have lived and visited

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## My habits and routines

(See the notes on page 4 for ideas about the kind of information to include)

The following routines are important to me

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Things I like to do for myself

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Things I might want help with

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Things that may worry or upset me

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What makes me feel better if I am anxious or upset

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## My communication and mobility

(See the notes on page 4 for ideas about the kind of information to include)

My hearing and eyesight

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How we can communicate

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My mobility

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## My personal habits

(See the notes on page 4 for ideas about the kind of information to include)

Things that help me sleep

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My personal care

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How I take my medication

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My eating and drinking

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## Other

(See the notes on page 4 for ideas about the kind of information to include)

Other notes about me

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Date completed

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Completed by

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Relationship to the person

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I am happy for the information I have provided to be used by health and social care professionals to provide care and support. If they wish to use it for a different purpose, they must ask first.

# Guidance notes to help you complete **This is me**<sup>®</sup>

**Name I like to be called:** Enter your full name on the front page and the name you like to be called on page 1.

**Where I live:** The area (not the full address) where you live and how long you have lived there.

**The carers/people who know me best:** This may be a partner, relative, friend or carer.

**I would like you to know:** Include anything you feel is important about who you are and that will help staff to get to know and care for you. For example: I have dementia; I have never been in hospital before; I prefer female carers; my partner and I are not married; I am allergic to... ; I am left-handed; other languages I can speak.

**My personal history, family and friends, pets and any treasured possessions:** Include your place of birth, education, marital status, children, grandchildren, friends and pets. List any possessions you like to have near you – photographs, books, jewellery.

**My cultural, religious and spiritual background:** Include information about your cultural or religious community if this is important to you. Do you like to attend religious services? Do you celebrate certain festivals, holidays and events? Do you observe certain practices on particular days or at specific times? Do you follow certain hygiene practices? Are aspects of your clothing and appearance important to you? Are there certain foods you don't eat?

**My interests, jobs and achievements:** List any accomplishments that you are proud of. Include clubs and memberships, hobbies or sports. Add any past jobs and volunteering activities that are important to you.

**Favourite places I have lived and visited:** Include any former or childhood homes that are important to you, and also any favourite or significant places that you have visited.

**The following routines are important to me:** What time do you usually get up/go to bed? What time do you prefer to have your breakfast, lunch, evening meal? Do you enjoy a snack, walk or nap at a particular time of the day? Do you have a hot drink before bed, carry out personal care activities in a particular order or like to watch the evening news?

**Things I like to do for myself:** Include ways in which you like to be independent such as dressing, eating, personal hygiene.

**Things I might want help with:** Describe ways people can help with activities such as dressing, getting up, eating.

**Things that may worry or upset me:** Include anything you may find troubling, such as family concerns, being apart from a loved one or being alone; or physical needs such as being in pain, constipated, thirsty or hungry. List environmental factors that may make you feel anxious, such as open doors, loud voices or the dark.

**What makes me feel better if I am anxious or upset:** Include things that may help if you become unhappy or distressed, such as comforting words, music or TV. Does it help to have company, or do you prefer quiet time alone?

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

**How we can communicate:** How do you usually communicate – verbally, using gestures, pointing or a mixture of both? Do you read and write, and does writing things down help? How do you indicate pain, discomfort, thirst or hunger? Include anything that may help staff know what you need.

**My mobility:** Are you mobile? Do you need help to get around? Do you need a walking aid? Can you use stairs? Can you stand unaided from a sitting position? Do you need handrails? Do you need a special chair or cushion, or do your feet need to be raised to make you comfortable?

**Things that help me sleep:** Include your usual sleep patterns and bedtime routine. Do you like a light to be left on or do you find it difficult to find the toilet at night? Do you have a favoured position in bed, special mattress or pillow?

**My personal care:** List your usual practices, preferences and how much assistance you need in the bath, shower or other. Do you prefer to wash at a particular time of day – for example, in the morning or before you go to bed? Do you prefer a male or female carer? Do you have preferences for brands of soaps, cosmetics, toiletries, continence aids, shaving or teeth cleaning products and dentures? Do you care for or style your hair in a particular way? How often do you wash your hair?

**How I take my medication:** Do you need help to take medication? Do you prefer to take liquid medication?

**My eating and drinking:** Do you prefer tea or coffee? Do you have favourite meals or food that you dislike? Do you need help to eat or drink? Can you use cutlery or do you prefer finger foods? Do you need adapted aids such as cutlery or crockery to eat and drink? Does your food need to be cut into pieces? Do you wear dentures to eat? Do you have swallowing difficulties? What texture of food do you need to help – soft or liquidised? Do you need thickened fluids? List any special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Include information about your appetite and whether you need help to choose food from a menu.

**Other notes about me:** Include any details about you that are not listed above and help to show who you are – for example, your favourite TV or radio programmes; significant events in your past; expectations and aspirations you have. Indicate any advance plans that you have made, including the person you have appointed as your attorney, and where health and social care professionals can find this information.

**Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.**

If you have any concerns about Alzheimer's disease or any other form of dementia, visit [alzheimers.org.uk](https://www.alzheimers.org.uk) or call **Alzheimer's Society** on **0333 150 3456**. (Interpreters are available in any language. Calls may be recorded or monitored for training and evaluation purposes.)

**Please do not provide information you are not comfortable with others knowing. Professionals should tell you how they will use the information you provide. If they don't, ask them – it's your right to know.**

Download this leaflet or order copies online at [alzheimers.org.uk/thisisme](https://www.alzheimers.org.uk/thisisme) or call **0300 303 5933**.

To give feedback on **This is me** please email [publications@alzheimers.org.uk](mailto:publications@alzheimers.org.uk)

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Dedicated to the memory of Ken Ridley, a much valued member of the Northumberland Acute Care and Dementia Group.

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