

**Day Services**

**All About Me**

**Booklet**

**Name:**

**Information**

**This booklet is designed to help us gather information all about a service user’s life so we can collate all this information to have a thorough understanding of their personal needs, preferences and to get an understanding of what is important to them.**

**The booklet includes questions related to personal information, communication, medical needs, previous placements/schools and it would be helpful if this could be completed with as much detail as possible, be accurate and factual.**

**For existing service users accessing Day Services, this gives you the opportunity to keep us updated of any changes to service user’s preferences, diet, interests, medical information and ensures we have all contact information and details correct.**

**Please feel free to speak to a member staff if you have any questions about this booklet.**

**Personal Information**

|  |  |
| --- | --- |
| **First name(s):** | **Surname:** |
| **Preferred Name:** | **Date of Birth:** |
| **Address:** | |
| **Respite Address (if applicable):** | |
| **How often do they attend respite:** |  |

**Contact Information**

|  |  |
| --- | --- |
| **Next of Kin:** | **Relationship to Service User:** |
| **Address:** | |
| **Contact Telephone Number:** | **Email Address:** |

|  |  |
| --- | --- |
| **First Point of Contact:** | **Relationship to Service User:** |
| **Address:** | |
| **Contact Telephone Number:** | **Email Address:** |
| **Second Point of Contact:** | **Relationship to Service User:** |
| **Address:** | |
| **Contact Telephone Number:** | **Email Address:** |

**Other Useful Information**

|  |  |
| --- | --- |
| **GP/Doctors Name:** | |
| **Surgery address:** | |
| **Surgery Contact Telephone Number:** | **Email Address:** |

|  |  |
| --- | --- |
| **Social Worker Name:** | |
| **Social Worker address:** | |
| **Contact Telephone Number:** | **Email Address if known:** |

**Previous School or Placement**

|  |  |
| --- | --- |
| **Previous School/placement name:** | |
| **Address:** | |
| **Contact Telephone Number:** | **Email Address:** |

**Who do you live with? Please include names of all family members (if applicable)**

**Who is important to you?**

**Who is important to you? This may include members of the family, friends, pets,**

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjR-LS3nKbdAhVSyaQKHdFtAiYQjRx6BAgBEAU&url=https://financialtribune.com/articles/people/52087/12m-increase-in-population&psig=AOvVaw3Ann2RjzGWvjIgyPA5d-gs&ust=1536317902334470)**or people you may know.** **How often do you see them?**

**About You**

**What do people like and admire about you?**



**My Hobbies and Interests**



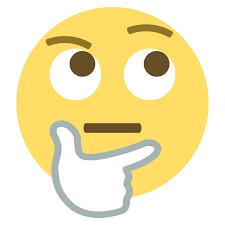
**What do you like to do at home?**



**What do you enjoy doing and like to do for fun? Who with and when?**



**Places you like to visit? Who with and when?**



**What other things are important to you? What would you like to stay the same?**



**What things do I dislike doing or what things might make me unhappy? Please be as detailed as possible.**



**What things would I like to get better at doing and what help I would need to do this?**

**Communication**

**How do you behave if you feel…..**



**Happy?**

**Sad?**

**Frustrated?**

**Angry?**

**Communication**

**How can we help you communicate?**

**To help me communicate, please don’t** (Rush me, use a loud voice, use long sentences)

**To help me communicate, please do** (Give me time to process, use clear and simple instructions, you may have to repeat what you are asking of me)

**Understanding me**

|  |  |
| --- | --- |
| **When I do this….**  **(e.g. touch my forehead, bite my hand)** | **Staff can support me by doing this…..** |
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|  |  |

**Staying Healthy & Safe**

**What things can you do yourself?**

**• At home?**

**• At mealtimes?**



**What things can you do yourself?**

**• In the bathroom?**

**• Being out and about?**

**What help do you need to do these things?**

**Food, Drinking & Eating**

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| --- |
| **Do you have any difficulties Eating, Drinking or Swallowing?** |
| **If Yes, please provide further information below** |
| **What support do you need to eat or drink or do you have any food requirements to support you?** |
| **Do you have any food allergies or food intolerances?** |

|  |
| --- |
| **What are your favourite foods and drink?**  Related image |
| **What foods do you dislike?**  Image result for unhappy food clip art |

**Medical Information**

**(To be completed with parent/carer)**

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| --- |
| **What is your diagnosis?** |
| **Please provide further information if required.** |

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| --- |
| **Do you have any allergies?** |
| **If so, what to?** |

|  |  |
| --- | --- |
| **Do you take any regular medication?** | |
| **What medication do you take?** | **When do you take it?** |

|  |
| --- |
| **Do you have epilepsy?** |
| **If yes, please provide further information** |
| **What medication do you take and when?** |

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| --- |
| **Have you ever been admitted to hospital?** |
| **If yes, when and what for?** |

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| --- |
| **Any additional Information** |