

# Getting to know me

This information will help staff to support you. It will help us get to know you, understand who and what is important to you, and how you like things to be.

We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us. **There are guidance notes at the back of the booklet.**

Please ask a member of staff if you need any help to complete this information.

**My name:** My full name and the name I prefer to be called.

**The person who knows me best:**

**Home, family and things that are important to me:** Your family, friends, pets or things about home.

**I would like you to know:** Anything that will help the staff get to know you, perhaps things that help you relax or upset you.

**My life so far:** This may include your previous or present employment, interests, hobbies, important dates and events.

## Things you should know about my spiritual and cultural needs:

This can be important religious or other beliefs, or anything that makes you feel happy and content.

**Food and drink:** Tell us about your likes and dislikes, where you like to eat, if you need any help with eating or drinking or special diet.



**Dining room**

**Sleep and rest:** Tell us about your usual routines and what helps you to rest or relax.



**Bedroom**

**Taking medication:** Perhaps you prefer tablets, syrup, need help or take your medication in a specific way.



**Medication**

**Personal care and using the toilet:** Tell us about your normal routine, any help you need and your preferences.



**Shower**



**Bathroom**

**Getting about:** Tell us how you usually get around indoors and out, any walking aids you use or difficulties you have.

**Communication, hearing and vision:** Tell us what helps when we are communicating with you and any aids you use e.g. glasses or hearing aid.

**Personal possessions:** Describe items you always like to have with you or close at hand, perhaps a special item that gives you comfort.

**Maintaining my independence:** Tell us about things you like to do for yourself and how we can help you to be independent.

**Anything else?** If you would like to highlight anything of particular importance to you, please add this to the Key Information Summary page

I agree this information can be shared with the staff helping me:

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

This information was provided by:

**Signed** \_\_\_\_\_ **Relationship** \_\_\_\_\_

# For friends and family

Please help the staff to provide the best care for your relative/spouse/partner or friend by sharing information with us – information that will help us get to know the person and how you would like to be involved in their care. It may be helpful to bring along a photograph or item important to the person. If you do, please tell us why this is significant.

**I think it is important that you know...**

**How would you like to be involved in the care of your relative/spouse/partner or friend?** Perhaps you would like to help at mealtimes or with aspects of personal care, bring in personal items or activities or have the opportunity to talk to the person on the phone if they are anxious or upset.

# Summary of Key Information

Please use this space to tell us about the things that are most important to you.

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# Guidance notes

This document is for anyone who has specific needs or preferences they want staff to know about.

**My name:** Your full name but also the name you would prefer staff to use if this is different.

**The person who knows me best:** Who is most likely to know how you like things to be?

**Home, family and things that are important to me:** This could be details of your family members, good friends, pets or other aspects about life at home that mean a lot to you.

**I would like you to know:** Tell us about anything you think will help us get things right for you – likes and dislikes, routines important to you, things that help you to relax, or things that might upset you, I don't like a lot of noise, I don't like bright lights etc.

**My life so far:** This may include your past or present employment, experience and skills you have, special places, interests, hobbies, important dates and events in your life.

**Things you should know about my spiritual and cultural needs:** This may be about beliefs and practices important to you – religious or otherwise. Tell us about the sorts of things that make you feel happy and content, or perhaps places and events that have special meaning to you.

**Food and drink:** Tell us about your likes and dislikes, where and how you like to eat, e.g. I like to eat at a table, drink black coffee or prefer small portions. Let us know us about any help you need, such as if you eat off a contrast plate, allergies or special diet – and if this relates to your preference, health or beliefs.

**Sleep and rest:** Tell us about your usual routines, when you usually get up, go to bed, things that help you to rest and relax e.g. I sleep with the night light on; I like a hot drink before going to bed; I take a nap in the afternoon.

**Taking medication:** Perhaps you prefer tablets, syrup, need help or take your medication in a specific way. Do you use any aids such as a dose box?

**Personal preferences and self care:** Tell us about your normal routine, any help you need and preferences e.g. I prefer a bath/shower in the morning or at night; like my clothes out in order; brush my teeth before I eat.

**Getting about:** Tell us how you normally get around indoors and out; do you use any aids such as a walking frame or stick; do you manage distances, stairs or need an inhaler?

**Communication, hearing and vision:** Tell us what helps when communicating with you. Do you hear or see better on one side? Do you use a hearing aid or glasses? What are your glasses for? Are they just for reading; seeing things close up or at a distance? Do you have a known eye condition? If so, where should we position ourselves or items so that you can see best? Do you use a magnifier, Braille or sign, large print, or prefer things written down? Do you require a long cane or a symbol cane or a guide in unfamiliar areas?.

**Personal possessions:** Are there items you always like to have with you or close at hand, a special item that gives you comfort e.g. a family photo.

**Maintaining my independence:** Tell us how we can help you be as independent as possible – perhaps you can manage yourself if we prepare things in a certain way for you.



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