Patient Information

Getting to know me form

This form stays with the patient while they are in hospital. The information provided aims to help the hospital staff understand your relative. This will enhance the care given to your relative while they are in the unfamiliar hospital environment.

Patient’s full name:.................................................................................................

Hospital number:.................................................................................................

I like to be known as............................................................................................
(The patient’s preferred name)

I like to talk about.................................................................................................
(Such as hobbies, favourite music, people)

What helps me to walk........................................................................................
(Are mobility aids normally used?)

What helps me to eat and drink...........................................................................
(Preferred foods and drink; special dietary needs, swallowing difficulties)

Important events in my life...................................................................................
(This may be recent or something in the past that is still influential)

People and pets closest to me (start with those closest and describe relationship).

People ......................................................................................................................

Pets .........................................................................................................................

What helps me manage through the day............................................................
(Normal routine, getting up, washing, favourite clothes, favourite TV programmes)

What helps me manage during the night.............................................................
(Normal bedtime, pre-bed drink, frequency of going to the toilet)

What are my normal waking hours.................................................................
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What helps me to feel calm
(Music, books, photographs, talking about family or events)

What can make me anxious and triggers agitation
(Noise, too many people, the dark, needles (injections), too cold, too hot)

Any other information that you feel would be useful for staff
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Special notes:

Relatives or close friends of people with problems with confusion or memory loss, may come in and sit with the patient out of visiting times, to help reassure and calm them and also to encourage them to eat and drink.

Please talk to the nurse in charge if you are able to help in this way.

If you need any further information please speak to a member of the ward staff.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the ward staff and we will do our best to meet your needs.

The Trust operates a smoke free policy

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