

Patient Information

Dementia care

Getting to Know Me Form

Forget-Me-Not Care Bundle

Remember to use the sky blue pillow case for patients with dementia, or confusion, or patients who have difficulties communicating their needs.

Knowing the person

It is important to fill in the Getting to Know Me Form within 24 hours

Person - centred, compassionate communication

Hourly person-centred, compassionate and positive communications

Assistance to patients to meet nutrition & hydration needs

Give patients food and drink of their preference

A safe and friendly environment

Think about:

- Noise
- Bed moves
- Clocks
- Orientation
- Allow relatives to visit out of hours



Patient Information

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:

Date of completion:

What name do you like to be known as?

Who is important to you? What is their relationship to you?

Patient Information

What is important to you? This may be a religious or cultural requirement.

Do you have any pets that you would like us to know about?

Things you would like us to know

1. Communication – Do you have any difficulties with speech? How could we communicate better with you?

2. Eating and Drinking – Do you need help? What type of cup/beaker/utensils do you need or prefer?

Patient Information

3. Toileting and continence – Are you independent or do you need assistance? Do you wear pads or have a catheter?

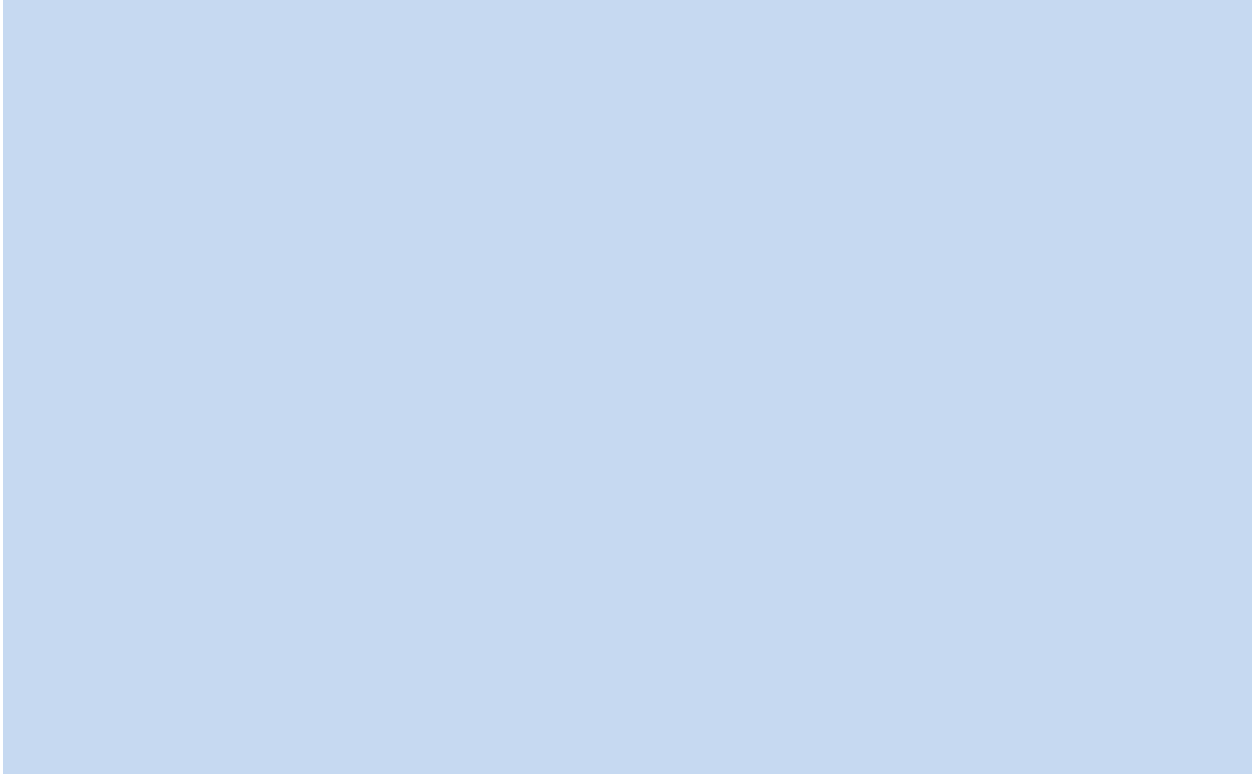
4. Mobility - What aids do you use?

5. Pain - How do you express pain? Do you frequently suffer with pain?

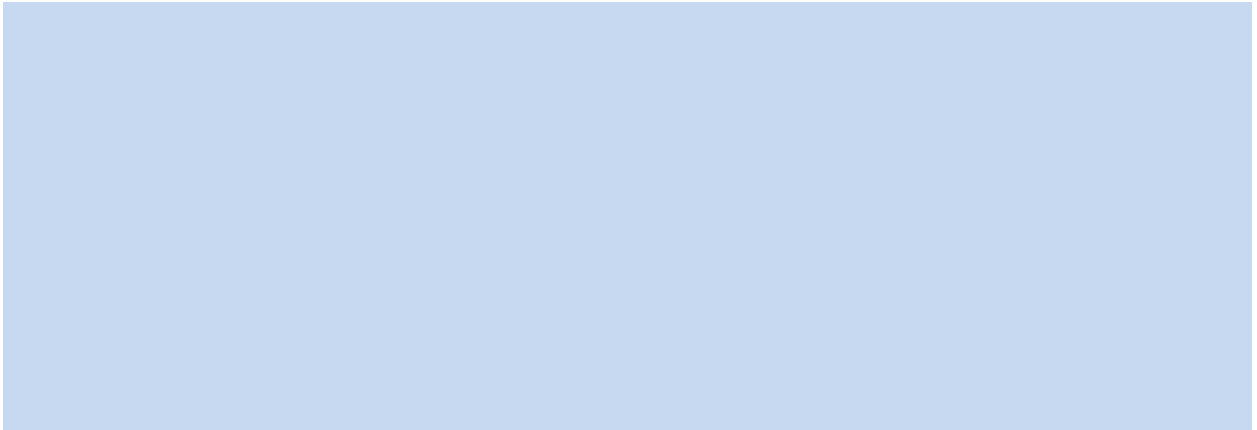
6. Medication - How do you take medication?

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7. Keeping you safe - Do you walk a lot? Do you get restless? Is there anything we should be aware of?



8. Mood - Do you get anxious? If so, what makes you anxious? How can we make you feel more relaxed?

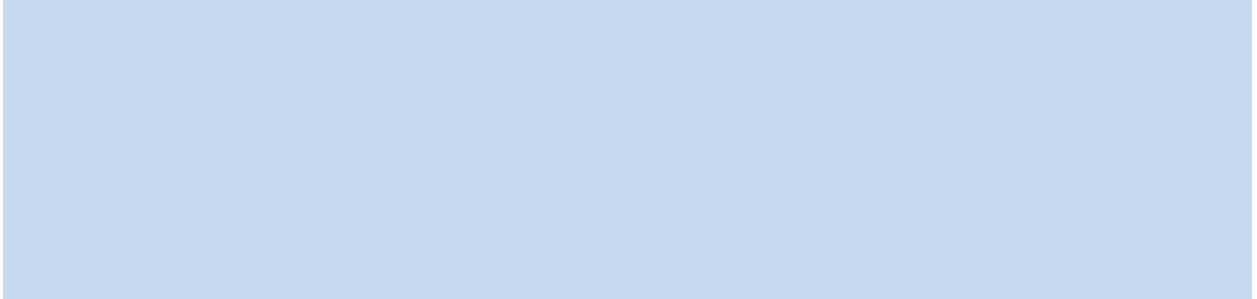


9. Sleep - How do you normally sleep? What are your usual sleeping times?

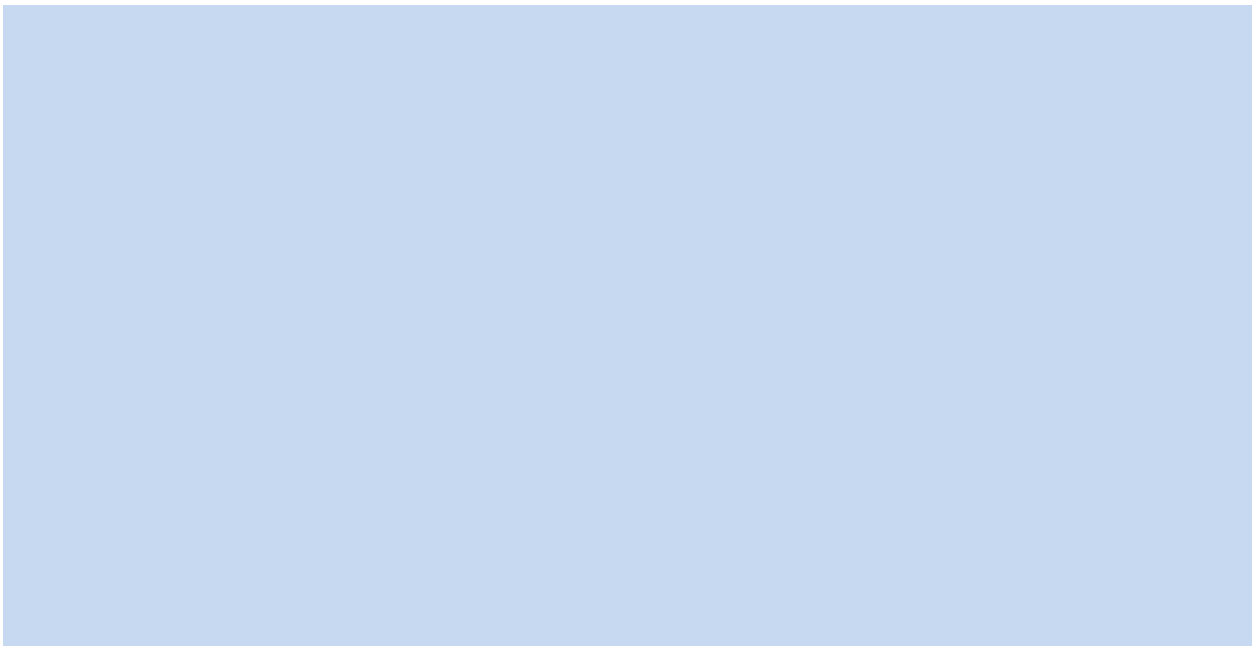


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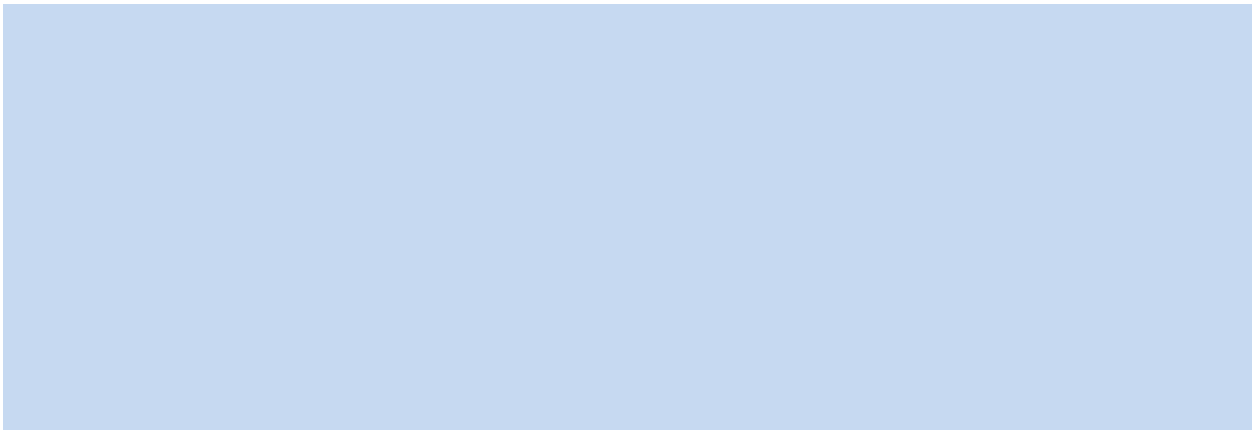
10. Sight or Hearing - Do you have any sight or hearing problems. Do you use any aids?



11. Behaviours - Do you have behaviours that may be challenging or cause risk? What can we do to support you?

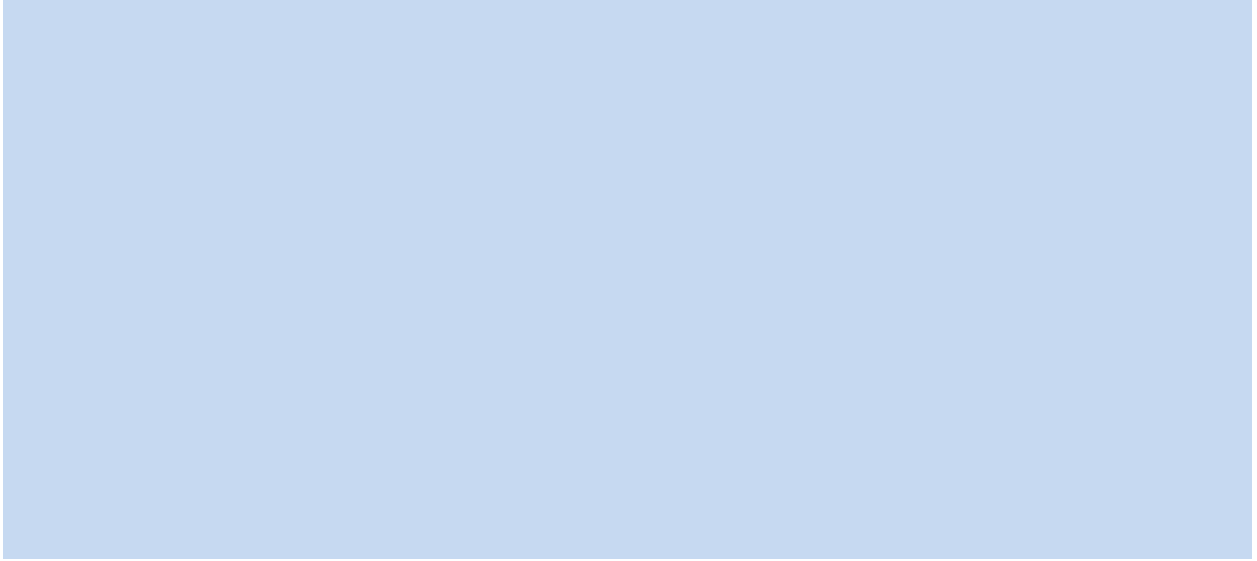


12. What things do you enjoy? This could include T.V, music, activities etc.

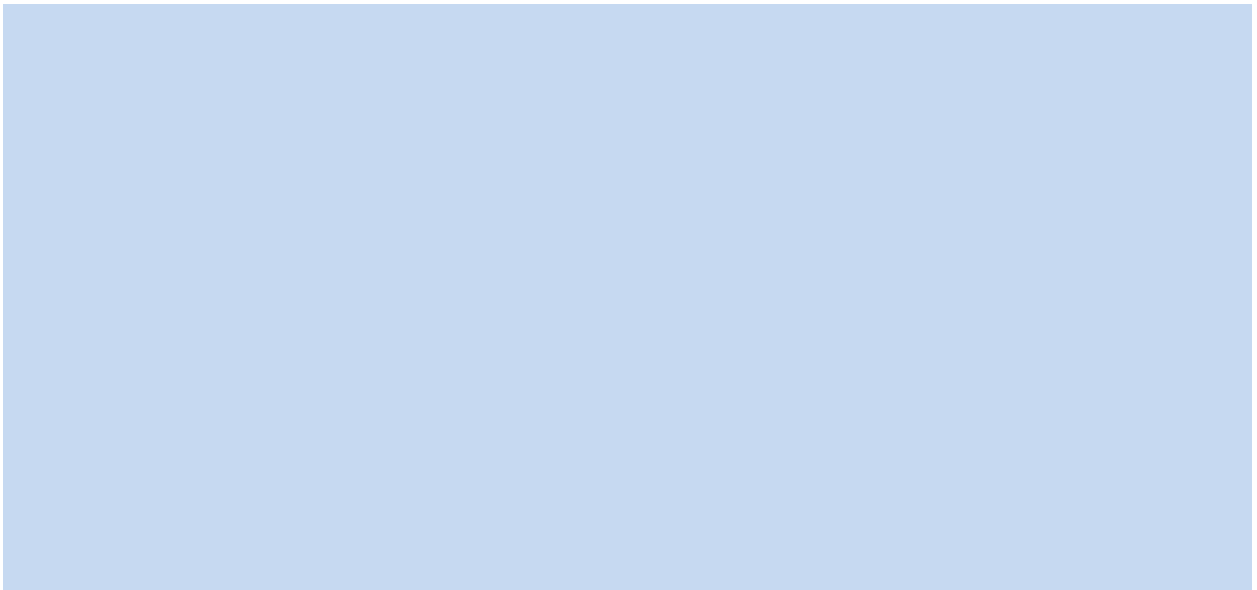


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13. What things do you not like? This could include things that irritate you, or upset you.



14. Your History – What is important to you about your life, past and present?



Carers are encouraged to visit outside of normal visiting hours. We see this as beneficial to the patient, aiding recovery and supporting them during their stay. We also hope it will relieve some of their anxieties.

Please advise a nurse of any involvement you would like to have whilst the patient is in our care as we value your input and support.

Patient Information

We have a diet information pack on our wards that we would also ask you to complete so that we can aim to provide the correct choices of meals and drinks.

Thank you for taking the time to complete this document.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 02476 964998 (University Hospital) or 01788 572831 (St Cross) and we will do our best to meet your needs.

The Trust operates a smoke free policy

Document History

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