

(space for hospital use)

# REACH out to me

## Guidelines:

When you're completing this sheet, please don't worry if you have no answer for certain questions. Any information you do provide will help the staff to offer the care they aspire to; it may not seem much to you, but it could make a great difference to them in the personalised care they can provide.

As this sheet is available to all staff caring for the patient, please don't include information which should remain confidential. That information belongs in the medical records, whereas this sheet allows you to offer all that other, person-centred information that really helps the staff to know the patient and support them as an individual.

Thank you for working in partnership with us.

## INFORMATION:

My name is \_\_\_\_\_



I prefer to be called: \_\_\_\_\_

Please note: although ward staff will endeavour to meet all the documented needs of the patient, this may not always be possible.

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My usual warm drink (milk/sugar?): \_\_\_\_\_

My usual cold drink: \_\_\_\_\_

I prefer a beaker / cup / mug: \_\_\_\_\_



Foods I like: \_\_\_\_\_

Foods I dislike: \_\_\_\_\_

When I eat, you need to know (swallowing, cutting food, etc.):

\_\_\_\_\_  
\_\_\_\_\_



I'm right-handed / left-handed: \_\_\_\_\_



Equipment I need (glasses, hearing-aid, stick, etc.): \_\_\_\_\_

\_\_\_\_\_



My bedtime routine, night-time habits, pillows, rails: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Skills I could quickly lose if not actively maintained (standing, walking, etc) – although I realise success can't be guaranteed:

\_\_\_\_\_  
\_\_\_\_\_



My toilet-related needs (reminders, help, equipment, indications of need):

\_\_\_\_\_  
\_\_\_\_\_

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When I take medicines, you need to know (tablets or liquid?/ swallowing? / usually use dosage box?): \_\_\_\_\_

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When you're helping with my personal care, you need to know: \_\_\_\_\_

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What relaxes me: \_\_\_\_\_

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What makes me anxious: \_\_\_\_\_

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Ways of reassuring me (incl. use of special items, name of usual carer, etc):

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The person / people who make(s) me feel safe: \_\_\_\_\_

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This is my (spouse, friend, etc) : \_\_\_\_\_



I enjoy music / radio / TV: \_\_\_\_\_

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My hobbies are: \_\_\_\_\_

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Parts of my life I like to reminisce about (job, interests, place I grew up, etc):

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Other topics of conversation that I enjoy \_\_\_\_\_

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You'll know I'm in pain if \_\_\_\_\_

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Anything else which might help you to help me (e.g. reasons I might seem unsettled, my body language, communication, etc):

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Date completed \_\_\_\_\_

By whom \_\_\_\_\_

Relationship to patient \_\_\_\_\_

**In signing this document, I agree that the information in this leaflet may be shared with health and care workers:**

\_\_\_\_\_

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