*“I may have deMEntia, but I’m still me!”*

www.simondementia.co.uk

GETTING TO KNOW **ME**

This form is designed for the person living with dementia to complete, with their supporter as appropriate.

It is designed to help care staff reach a better understanding of the person as a fully rounded individual, with a life history and set of strengths as well as needs.

The idea being the form can remain with the person and travel with them (amended as necessary) through their journey with dementia and contact with services.

As people with dementia may experience difficulties with memory and language, the form is also designed to be a bridge to support effective communication.

The overall aim being to promote optimal independent functioning and maximise wellbeing.

Personal Information Communication Form

**Getting To Know Me**

**Insert Preferred Name Here**

**Insert Favourite Personal Photo Here**

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**THINGS PEOPLE SAY ABOUT ME**

(Include positive attributes and anything which will help staff hold you in the highest regard.)

**ABOUT ME**  
(Include biographical information such as family background, upbringing, schooling, occupations, important relationships and anything else which conveys a sense of family or social context.)

My parents

My siblings

My childhood

My spouse/partner

My family, including beloved pets

Good friends

Favourite places

Holidays enjoyed

Occupations

Lifetime achievements

Hobbies and interests now

Unpleasant life events (so we know to avoid talking about them and how best to respond)

**THINGS THAT ARE IMPORTANT TO ME**

(Include hobbies and interests, musical preferences, TV or film favourites, preferred food and drinks and anything which staff need to be aware of in relation to meeting your individual needs.)  
  
Where is home now?

Who is closest to me now?

Religious, language and cultural needs

Preferred foods

Preferred drinks (including how I like to take my hot drinks)

Food and drink I dislike

Luxury items - sweets, perfume/aftershave etc

How I like to dress/my style 

How I like to exercise/my activity level

Favourite films or TV shows

Favourite artists and albums

Suggestions of favourite music tracks which may help calm or reassure me

Suggestions of favourite music tracks that may energise and uplift me

**HOW BEST TO SUPPORT ME**

(Include guidance notes for staff in how to best support you, thinking about what has previously worked best in promoting your independence and maintaining your wellbeing.)

Usual daytime routine (including time I like to get up and go to bed)

Things which help calm and reassure me

Things which can upset or anger me

Support I need with memory and orientation

Support I need with communication (including any communication aids)

Support I need with psychological or mental health issues

Support I need with behavioural issues

Support I need with self-care (including any assistance required)

Support I need with eating and drinking (including any feeding aids)

Support I need with mobility (including any mobility aids)

Support I need with continence (including any continence aids)

Support I need with sleep or during the night-time

Support I need with medical illness or disability issues

Signs that I may in in pain and how I like others to respond

Medication I take and support I need with taking it

Allergies

Other support I need

**OTHER IMPORTANT INFORMATION**  
(Please add anything else which you feel is important in helping care staff understand you as a person and in them meeting your individual needs.)

**PHOTO ALBUM**  
(It is suggested that a few pages of meaningful photographs and images are included here, together with short descriptions of people, places, occasions, dates etc)

**SCRAP BOOK**  
(Letters, cards and other mementos which have significance could be included here)