

The information within this form will be used by everyone caring for you to try to make your time in hospital more comfortable. This may include some of the staff who visit our wards such as Porters, Catering Staff, Volunteers and Chaplains. If you do not wish to use this form or have some information which you do not wish to share, please speak to one of the nursing staff caring for you.

Things I may need help with:

Things I need to help me to communicate:



Other Important Things



'Forget me not'

This form will help us to learn a little about you, and what is important to you.

By sharing this information we hope to make your stay with us more comfortable and less stressful.

Things I would like you to know about me:

My name is _____ and I like to be called _____.

I come from _____.

I was born and grew up in _____.

I worked as a _____.

The people who are important to me are _____.

Important things that have happened in my life _____.

_____.

_____.

Things I like:



Going to bed: Getting up:

Things which I enjoy doing:

Things which help me to settle and relax:

Things I dislike:



Going to bed: Getting up:

Things which I don't enjoy doing:

Things which may upset me or make me anxious: