

I like to be called: _____

Something about me:

My birthplace: _____

My occupation: _____

Interest/hobbies: _____

These are my people:

This matters to me most:

I need you to know: _____

I use:

Walker Hearing aid

Cane Dentures

Glasses Other: _____

Sleep preferences:

I wake up at: _____

I go to bed at: _____

My care do's and dont's:

When talking to me:

Eye contact: Yes No

Smile: Yes No

Gentle tone: Yes No

Stand close: Yes No

Speak from: Left Right

Speak loudly: Yes No

Gentle touch to get my attention first: Yes No

Other: _____

I speak these languages: _____

Consent to post form at bedside provided by: Patient SDM

Date of consent (DD/MM/YYYY): _____ (documented in the progress notes)

Document it has been scanned into the patient's electronic medical record: Yes No