

My life a full life

This is me

Care passport

My name is:

I prefer to be known as:

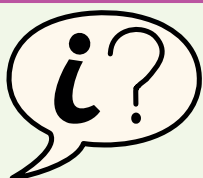
My preferred contact:

My address is:

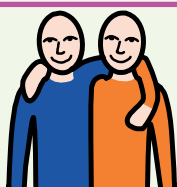
This is me

Everything you need to know to care for me

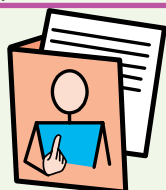
The carer/person who knows me best



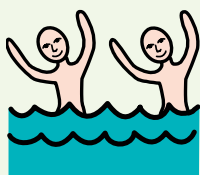
I would like you to know



My home and family, things that are important to me

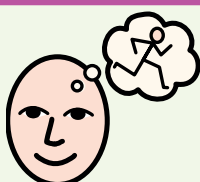


My life so far



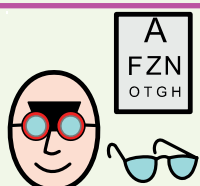
My hobbies and interests

Things which may worry or upset me






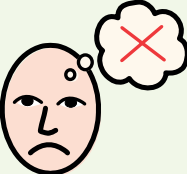



I like to relax by

My hearing



My eyesight

My community support is provided by

This is about my care and support			
	Y / N	Comments	
Known allergies	Yes No		
 Breathing I have some difficulties with breathing I am a smoker I have oxygen at home?	Yes No		
 Eating & drinking I can eat and drink without help I need help to eat and drink I have a special diet which is Weight Date last weighed	Yes No	Recent loss or gain	
Using the toilet I have the following urinary problems I have the following bowel problems	Yes No		
 Personal hygiene & dressing I need help with washing & dressing I need help to shave I have dentures	Yes No	Top	Bottom Both
Skin I have a wound/s due to pressure injury Dressed with District nurses involved	Yes No		
 Mental & emotional state I have problems with my memory or mood I have problems this often (include how frequently you have memory problems)	Yes No		
 Mobilising & safety I can walk safely without equipment I need assistance to get about I have had falls before (e.g. include how often, when was last fall)	Yes No		
 Sleeping I have problems with sleeping I use medication to help me sleep My normal sleeping pattern is	Yes No		
 Communication I am able to communicate vocally I may stutter from time to time I use pictures or symbols to communicate I use Makaton or British Sign Language	Yes No		

I have the following long term conditions

Things that may put me in danger and at risk

Other information to help with my care (Please tell us what other forms you are sending)
e.g. Do not attempt cardiopulmonary resuscitation (DNACPR) decision (purple form) in place.

My medication

see separate Medication Administration Record (MAR sheet) and my medicines (which may be in a green bag) – include details of how I like to take my medication e.g.: liquid, on a spoon / with food

Date completed

By whom

Relationship to me