

IMPORTANT INFORMATION ABOUT ME (adhere photograph of person to medication list)

Name of person		Date of Birth	
Name I like to be called		PPS number	
Address			
Contact number			
Service provider		Contact number	
Keyworker name		Contact number	
Family contact name		Contact number	
Religion			
Communication			
I communicate by			
These are the supports I need to make decisions			
My eyesight			
My hearing			
What I do if I am afraid or worried			
How you can support me if I am afraid or worried			
Things I do if I am sore or in pain			
Medical history (Attach up to date list of medications & end of life care plan if applicable)			
Things I am allergic to			
Primary Medical diagnosis including degree of intellectual disability, and other relevant conditions - epilepsy, diabetes, mental illness, high blood pressure, genetic disorders, pica etc			
How I prefer to take my medication (in food, with a drink, as a liquid)			
Keeping me safe and happy			
How best to gain my help when examining or caring for me			
Support I need for drinking			
Support I need for eating (attach PEG feeding instructions, if applicable)			
Support I need for intimate care			
Support I need for toileting			
Support I need with moving			
Support I need with my oral or dental care			
Support I need for breathing			
Support I need for sleeping			
Things that I do or use to keep safe			
Things I like (what makes me happy, things I like to do, see or talk about)			
Things I do not like (what upsets me, things I do not like to do, see or talk about)			
If my behaviour becomes difficult for you, please support me by			