

My Health and Personal Care information **SAMPLE** guide - Use this sheet to help you fill out the blank template to take with you to a hospital or other inpatient setting.

Domain	Experience/presentation	Action/ Routine	Equipment
Thinking	I do not have any problem with memory, thinking or understanding	Talk with me normally and ask me what I want/prefer	
Mobility	I can weight-bear for sit to stand transfer only I am not able to walk	1 person Assist to transfer with equipment 1 person Assist into wheelchair or wheeled commode	Standing transfer aid 'Sara Steady' Wheelchair Wheeled commode
Upper limb movement	I have weak grip in L hand	Place items for me to hold/use on my R side	Modified cutlery
Toileting			
Seating/sleeping position	I sleep on my back with bed head at 30% During the day I like to sit in lift-recliner chair	Check with me to set bed head at correct angle	Wondersheet RoHo cushion for seating
Communication	Soft voice and slurred speech	Ask yes/no questions. Allow time for me to write down using Boogie Board	Boogie Board Make sure call bell is in reach on my RIGHT
Breathing	Shortness of breath increases during effort I use NIV at night I have a weak cough	Allow extra time to do tasks. Don't ask me to talk during activity or movement Assist me to sit up if I need to cough	NIV – DO NOT change the settings
Eating and Drinking	Thickened fluids (Consistency) Modified diet I can feed myself but need assistance to set up	Check that I can reach my drinks	One-way straw Modified cutlery Sit up in chair with good back support to eat
Social contact	My wife or son will visit daily	Call Assist me to make phone call	My own mobile phone



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Pain	I have back and hip pain when seated or lying in same position	Check whether I need help to move to a different position	Cushion under elbows
Hygiene	I need help to clean my teeth –	Use swabs to help me keep mouth and tongue clean Body lotion to elbows and heels after shower	Electric toothbrush
Medication	I have tablets morning and evening	Some tablets are crushed	See Medication chart

My Daily Routine-

Consider- To be comfortable, I need.

I enjoy doing.

I find it stressful when.

Morning- I need to have my tablets half an hour before I get out of bed. I like to get up at 8.30 and have my breakfast sitting at a table where I can be more upright. I have my shower after breakfast and then I need a rest in the recliner chair as I get very tired and a bit short of breath after shower and dressing.

Afternoon- I like to take a rest after lunch to manage my fatigue

Evening- I like to go to bed at 10pm. But I usually watch TV for an hour or so before I turn out the light. I prefer to get up to the toilet before I settle into bed for the night.

Overnight – I might need assistance to toilet overnight and should have a buzzer close by, so I can call for assistance.



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Equipment taken with me-

1. Manual Chair	2.
3.	4.

Important contacts -

MND Advisor-	Palliative Care- Southeast Palliative Care
Neurologist-	