



## Help us get to know you...

Patient's Name:

This ALL ABOUT ME summary sheet is created to help your care providers gain a better understanding of how we can best care for you during your stay here at Bluewater Health. When you leave Bluewater Health, you can take this sheet with you to keep or to give to future care providers.

We understand you may not be able to answer every question or feel comfortable doing so, but we ask you to answer as best you can. Here are some ideas to help you get started.

### I enjoy:

- Past and present hobbies, leisure interests, community involvement
- Favourite foods and drinks
- Favourite sports and teams
- Favourite TV shows, movies, books
- Volunteering
- Treasured possessions
- Places you have travelled
- Are you a social or a private person?
- Pets (include names)

### What worries or upsets me?

- What in your surroundings may worry or upset you? (eg. loud noises, bright lights)
- Are you sensitive to people touching you?
- Do you have painful or sensitive areas of your body?
- Are you sensitive to heat or cold?
- What may frighten you?

### What/Who helps me to feel better?

- What helps you to feel comfortable?
- What makes you smile?

### Places I have lived...

- Place of birth
- Other places I have lived that are significant to me
- With whom do I live now?
- Ethnic background (if relevant to your care)

### I have worked as...

- Past or current employment/profession
- Your most significant accomplishments

### I may not ask but I need help...

- Opening containers at mealtime
- Setting up to read a book or newspaper
- Working my television
- Reaching/dialing my phone

### I need:

- Circle the assistive devices you will need while in hospital
- List any other equipment used at home (eg. cane, walker, wheelchair)
- How do you prefer staff to communicate with you?
  - Use dry erase board to communicate instructions or ask questions
  - Approach you slowly and ensure we are visible to you while speaking

### Family and Friends who know me best are:

- Name
- Relationship
- Where do they live?
- Feel free to bring in photos of family, friends, pets, etc.

# ALL ABOUT ME

Date Completed: \_\_\_\_\_

I enjoy:

Blank space for writing.

What worries/  
upsets me:

What/Who helps  
me to feel better:

Blank space for writing.

Place of birth:  
I have lived in:

Blank space for writing.

Now I live in:  
With:

I may not ask but I need  
help:

Blank space for writing.

I prefer to be called:

\_\_\_\_\_

I have worked as:

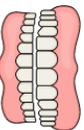
Blank space for writing.

Family and friends who  
know me best

Name/Relationship/Where they live:

Blank space for writing.

I need:



Other:

Please post on whiteboard and transfer with patient.