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# **Confidential**

## **Personal Care Plan - Gathering Information for the Initial Assessment**

This document may be completed by the prospective Client or with/by a representative from the Company.

**A separate questionnaire, "Lone working, Client's Home Inspection Report" deals with the Risk Assessments associated with this individuals care, from the Carer's perspective**

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## My Personal Profile

Full Name (Surname first)	
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What do you like to be called?	
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Permanent Address		Post Code:
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Telephone	Land-Line	Mobile
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Email Address	
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Date of Birth	
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Nationality	
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Relationship Status (e.g. Married, Divorced etc.)	
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Do you live alone? (Circle as appropriate)	Yes	No
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If No, who do you live with, and what is the relationship?	Name of the person	Relationship to you
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Religious Beliefs – what would you like to tell us that is important?	
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Next of Kin – Please state name, relationship and telephone contact details	Name: Relationship to you: Telephone contact details: Land-Line: Mobile:
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## People who are important to you and your care

### Emergency

In the case of an emergency, who would you like us to contact?

<b>Please state name, relationship and telephone contact details</b>	<b>Name:</b>  <b>Relationship to you:</b>  <b>Telephone contact details: Land-Line:</b> <b>Mobile:</b>
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### Lasting Power of Attorney

If applicable, please provide contact details for any individual who holds lasting Power of Attorney for you.

<b>Please state name and telephone contact details</b>	<b>Name:</b>  <b>Telephone contact details: Land-Line:</b> <b>Mobile:</b>
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### Others (Family members, perhaps)

Who else would you like us to know about who are involved with you and possibly your care?

<b>Please state name, relationship and telephone contact details</b>	<b>Name:</b>  <b>Relationship to you:</b>  <b>Telephone contact details: Land-Line:</b> <b>Mobile:</b>
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<b>Please state name, relationship and telephone contact details</b>	<b>Name:</b>  <b>Relationship to you:</b>  <b>Telephone contact details: Land-Line:</b> <b>Mobile:</b>
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<b>Please state name, relationship and telephone contact details</b>	<b>Name:</b>  <b>Relationship to you:</b>  <b>Telephone contact details: Land-Line:</b> <b>Mobile:</b>
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## Contact details for people who are involved in your care

### General Practitioner

Please state name, address and telephone contact details	Name:
	Address:
	Telephone contact details: Land-Line: Mobile:

### Physiotherapist

Please state name, address and telephone contact details	Name:
	Address:
	Telephone contact details: Land-Line: Mobile:

### Speech and Language Therapist

Please state name, address and telephone contact details	Name:
	Address:
	Telephone contact details: Land-Line: Mobile:

### Occupational Therapist

Please state name, address and telephone contact details	Name:
	Address:
	Telephone contact details: Land-Line: Mobile:

### Other (Please state status)

Please state name, address, telephone contact details and how they are involved in your care (their status)	Name:
	Address:
	Status:
	Telephone contact details: Land-Line: Mobile:

## My Health

Details of any recent hospitalisation, brief medical history and record of any disabilities. **Report any Infectious Diseases.**

Reason that I have been referred for care and support, or have made a personal application

Date of Referral, if applicable

### Medication – what medications are you taking?

Name of Medication	Dosage/Instructions/Additional Information	Do you take your medicines yourself – Answer Yes or. No. If NO, who is giving the medicine to you?
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## Medications – Continued

<b>Name of Medication</b>	<b>Dosage/Instructions/Additional Information</b>	<b>Do you take your medicines yourself? – Answer Yes or. No. If No, who is giving the medicine to you?</b>
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## My Mobility

Tick as appropriate

I am fully mobile	
I use a walking frame	
I use a wheelchair	
I use a cane	
A lifting hoist is in use or has been recommended	
I have a history of falls	

## Money and Finances

I need help in respect of the following tasks which require handling cash or financial transactions

## Daily Living – What I can do for myself and what I can't

Tick as appropriate

Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support?  State Yes, No, or Don't know
Leisure Interests and Hobbies, including gardening and plant care				
Getting out and about				
Watching TV/Listening to Radio				
Reading				
Using the Computer				
Preparing meals				
Eating				
Washing Up				
Preparing Drinks				
Getting Dressed/Undressed			State if you wish to have a same-sex carer	



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Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support?  State Yes, No, or Don't know
Getting into and out of bed			State if you wish to have a same-sex carer	
Bathing/Personal care, including teeth, dentures			State if you wish to have a same-sex carer	
Skin care, including make-up, cosmetics			State if you wish to have a same-sex carer	
Hair – washing and routine care				
Spirituality and Religious beliefs				
Shaving/Beard – moustache trimming				
Shopping				
Laundry				
Housework				
Care of House Plants, Pets				

## Healthcare - What I can do for myself and what I can't

Activity	I need no help	I need some help, which is available already	I need the Company to supply some help – please describe what help you need and the outcomes you hope will be achieved	Is this help eligible for financial support?  State Yes, No, or Don't know

## About me

The most important things in my life are....

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**The things that worry me most are...**

**My Goals in Life**

**My Likes**

**My Dislikes**

**You will know I am happy when.....**

**You will know I am becoming unwell, or need more support when....**

**Things that make me angry and upset include....**

**Allergies/Phobias**

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These are things I like to do myself

I would like to improve my independence in the following areas

Communication – Describe any problems you have with getting people to understand you

Risks to my health and safety – Describe the things that concern you

## Signatures

		Date
Client	Signature	
Company Representative	Name: Signature:	