



# Client Profile

This booklet will help you to get to know me

**My full name is:**

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GETTING TO KNOW ME



# My personal details

I like to be known as:

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This is a photo of me.

I live in: (area not full address)

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My current living situation is:

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Hours of support I have each day:

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The people / carers / PA's who know me best are:  
(Please add name, role, phone numbers)

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Other people who are involved in my care are:  
(Please add name, role, phone numbers)

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ALL ABOUT ME

# My history

My date of birth is:

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I was born in: (area not full address)

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I grew up in: (area not full address)

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My cultural, religious and spiritual background:

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I am single/married/partner/longstanding relationship(s) with:

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Describe this relationship (e.g. loving, difficult, supportive)

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Do I have children? (Name, Phone Number, Location)

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Are they involved in my life now? If so, how?

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Do I have any pets? If so, what are their names?

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What kind of jobs and career did/do I have?

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What are the important milestones and achievements in my life, what am I most proud of?

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## MY HEALTHCARE

# Adverse drug reactions, allergies or intolerances

My medical conditions and medication:

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How do I take my medication?

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Am I experiencing any side effects?

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How do I show if I'm in pain?

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Food and drink - Do I have food allergies / intolerances / dislikes?

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Eating and Drinking: What do I need help with?

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My sight and hearing - how is it?

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How well am I able to communicate?

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What is my current level of cognitive function?

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Do I have any challenging or risky behaviour?

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How mobile am I? Do I need support moving?

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Do I wander/have unsafe walking habits?

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Do I have end-of-life wishes or advance care plans?

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Any other important medical information:

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## MY DAILY LIFE

# What does a typical day look like

Morning routine:

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Afternoon routine:

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Evening routine:

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Bedtime routine:

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How do I sleep?

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What areas of personal care do I need?

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How well do I use the toilet?

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What routines are important to me?

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What do I like to do by myself?

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What sort of thing makes me anxious, upset or angry?

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How to support me if I'm anxious or upset?

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What are my interests and favourite things to do?

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What are my favourite TV shows, movies, books, musicians?

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Favourite places I have lived and visited:

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My friends / treasured possessions / favourite things are:

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What are my favourite foods and drinks?

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What are my favourite things to do or places to visit?

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Other things that I like:

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Other things that I don't like:

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Any other important information:

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## MY NOTES

This report was filled out by:

Name:

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Date:

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Relationship to client:

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- MOBILITY SCOOTER INSURANCE
- WHEELCHAIR INSURANCE
- POWERCHAIR INSURANCE
- SELF-EMPLOYED CARERS INSURANCE
- DIRECT PAYMENTS CARER INSURANCE
- HOME INSURANCE