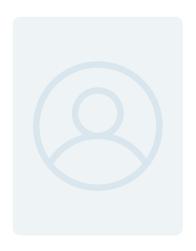


Client Profile

This booklet will help you to get to know me

My full name is:







My personal details

I like to be known as:

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I live in: (area not full address)
My current living situation is:
Hours of support I have each day:
The people / carers / PA's who know me best are: (Please add name, role, phone numbers)
Other people who are involved in my care are:
(Please add name, role, phone numbers)





My history

My date of birth is:
I was born in: (area not full address)
I grew up in: (area not full address)
My cultural, religious and spiritual background:
I am single/married/partner/longstanding relationship(s) with:
Describe this relationship (e.g. loving, difficult, supportive)
Do I have children? (Name, Phone Number, Location)
Are they involved in my life now? If so, how?
Do I have any pets? If so, what are their names?
What kind of jobs and career did/do I have?
What are the important milestones and achievements in my life, what am I most proud of?





Adverse drug reactions, allergies or intolerances

My medical conditions and medication:		
How do I take my medication?		
Am I experiencing any side effects?		
How do I show if I'm in pain?		
Food and drink - Do I have food allergies / intolerances / dislikes?		
Eating and Drinking: What do I need help with?		



My sight and hearing - how is it?
How well am I able to communicate?
What is my current level of cognitive function?
Do I have any challenging or risky behaviour?
How mobile am I? Do I need support moving?
Do I wander/have unsafe walking habits?
Do I have end-of-life wishes or advance care plans?
Any other important medical information:





What does a typical day look like

Morning routine:
Afternoon routine:
Evening routine:
Bedtime routine:
How do I sleep?
What areas of personal care do I need?



How well do I use the toilet?
What routines are important to me?
What do I like to do by myself?
What sort of thing makes me anxious, upset or angry?
How to support me if I'm anxious or upset?
What are my interests and favourite things to do?
What are my favourite TV shows, movies, books, musicians?



Favourite places I have lived and visited:
My friends / treasured possessions / favourite things are:
What are my favourite foods and drinks?
What are my favourite things to do or places to visit?
Other things that I like:
Other things that I don't like:
Any other important information:





This report was filled out by:
Name:
Date:
Relationship to client:





- MOBILITY SCOOTER INSURANCE
- WHEELCHAIR INSURANCE
- POWERCHAIR INSURANCE

- SELF-EMPLOYED CARERS INSURANCE
- DIRECT PAYMENTS CARER INSURANCE
- HOME INSURANCE