



Client Profile

This booklet will help you to get to know me

My full name is:

Independence with peace of mind

from just
£38/year*

*Pay monthly or annually

- ✓ No excess
- ✓ No hidden fees

Mobility Scooter Insurance

- ✓ Third party liability
- ✓ Theft and vandalism
- ✓ Accidental damage
- ✓ Personal effects
- ✓ Recovery costs
- ✓ International travel cover**

**Excluding North America



Surewise

Live Life Confidently

For a quote call us on

0800 999 1122

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 **Trustpilot**



TrustScore 4.8/5

My Personal Details

I like to be known as:







My pronouns are: she/her he/him they/them

My date of birth is:

The people who know me best are: (Name, Relationship & Phone number)







Hot drinks (Tick all that apply)

I drink: Tea Coffee Both Other _____

My tea colour:      

Very light Light Medium Strong Very strong Black

Sugar/sweeteners: _____

My coffee colour:      

Very light Light Medium Strong Very strong Black

Sugar/sweeteners: _____

Milk: Full fat Semi-skimmed Skimmed Oat Soy
 Almond No milk



Life and Background

My current living situation is:

- I live alone I live with family I live with a partner
 I live in supported housing Other: _____

Hours of support I have each day:

I grew up in: (area not full address)

My cultural, religious and spiritual background:

This is important to my care because:

My relationship status:

- Single Married
 In a partnership Widowed
 Prefer not to say If applicable, their name is: _____

Do I have children? If so, what are their names?

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

In my life, I have worked as:

**MY DAILY LIFE**

My Dietary & Mobility Needs

My dietary requirements are:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> No special requirements | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Pescatarian |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> Dairy free |
| <input type="checkbox"/> Diabetic diet | <input type="checkbox"/> Other: _____ |

Foods I really enjoy:

Foods I don't like:

Do I need assistance eating and drinking?

-
- Yes
-
- No
-
- Sometimes

My mobility:

-
- Walking stick
-
-
- Walking frame/rollator
-
-
- Mobility scooter
-
-
- Wheelchair (manual)
-
-
- Wheelchair (electric)
-
-
- None, I'm fully mobile independently
-
-
- Other: _____



Morning & Afternoon

Morning routine

I usually wake up around:

For washing and bathing, I:

- Do this independently
- Need some support
- Need full support

For getting dressed, I:

- Do this independently
- Need some support (with buttons, zips, etc.)
- Need full support

For breakfast, I:

- Do this independently
- Need help preparing food
- Need help with eating

My typical morning includes:

Afternoon routine

For lunch, I:

- Do this independently
- Need help preparing food
- Need help with eating

My preferred afternoon activities:



MY DAILY LIFE

Evening & Night

Evening routine

For dinner, I:

- Do this independently
- Need help preparing food
- Need help with eating

My typical evening includes:

Bedtime routine

I usually go to bed around:

For my bedtime routine, I:

- Do this independently
- Need some support
- Need full support

To sleep well, I need:



Understanding Me

I communicate best by:

- | | |
|---|--|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Writing things down |
| <input type="checkbox"/> Using gestures | <input type="checkbox"/> Using pictures or visual aids |
| <input type="checkbox"/> Other: _____ | |

Things to know about how I communicate: (e.g., I have hearing difficulties, I need time to process, I speak slowly)

Things that help me feel calm:

Things that might upset or worry me:

When I'm upset, the best way to support me is:

Do I have memory difficulties?

Important reminders that help me: (e.g., where the toilet is, names of regular carers, my daily routine)

Topics or activities that bring me comfort: (e.g., talking about my children, listening to music from my youth)

Things to avoid: (e.g., asking me to remember recent events, rushing me)



MY DAILY LIFE

My Preferences

My favourite things:

TV shows/films:

Music:

Books/magazines:

Activities:

Places I enjoy:



This booklet was completed by

Name:

Relationship to me:

Date:

Additional notes for my carers:
(Changes, observations, updates)

A large rectangular area with a green border, containing the form fields and a series of horizontal light blue and white stripes for writing notes.



MY NOTES

A series of 18 horizontal light blue bars, intended for writing notes.



Peace of mind

from just
£6.25/month*

*Pay monthly or annually

- ✓ No excess
- ✓ No hidden fees

Carers Insurance

Cover for Carers, PAs and their employers

Cover available for:

- ✓ Self Employed Carers
- ✓ Carer's Employers
- ✓ Direct Payments
- ✓ Domiciliary Care
- ✓ Home Employment Cover (for those who employ carers in their home)



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