



My Name is:

Preferred name:

The most important person/people to me are:

I use hearing aids:

I wear glasses for (Please tick): Reading Always

What do I eat: (food liquidised, mashed, cut small, cooled, support or special equipment needed:

Favourite food:

Special Diet: Yes/No (details below)

Favourite drinks: | take sugar: Yes / No / Amount

How I drink: (small amounts, thickened, cooled, other and assistance)

My interests/work/family:

Please assess my pain by using abbey pain scale

If distressed/agitated reassure me by:

To help me understand what's happening and what treatment talk slowly and in short sentences.
Talk to my NOL or significant other to help but please talk to me if I'm able to understand.

Completed by/date:

