

# All About Me

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**Please copy ● and select which are completed to help and support me**

## Things you must know about me

- Person responsible for my information
- Supporting my culture and beliefs
- Medical stuff
- About me (a little bit of information about me)
- How you know I am in pain and how you can help me

## How I communicate

- How I express myself
- My understanding
- Sensory information

## How I get on with people

- Things you need to know about me
- My personal care needs (dressing/washing/toilet/sleeping)
- Eating and drinking
- Seating and mobility

## Things you should know about me

- Things I like
- Things I don't like
- When I am happy
- When I am grumpy, angry or annoyed
- Important people in my life
- People at school/college

## Additional Information (if required)

- Advance Care Plan
- Behavioural Support
- Epilepsy Support
- Physiotherapy Support
- Things to consider when planning my discharge
- Record of my health appointments
- How I feel today