'Forget Me Not'



SHARED CARE INFORMATION

Information to support care whilst in hospital
This is a patient held document; it should be kept with the patient at all times and returned home upon discharge.

This document provides staff looking after me with an insight into who I am and what is important to me.

It is important information that I and my family would like you to know about me to assist how you plan my care and make my stay in hospital less stressful. This 'Forget Me Not' document should be completed by the person or person who knows the patient the best and wherever possible with the involvement of the person themselves.

Name	Hospital Number
	•

WHO I AM
My Name full name is:
I like to be known as:
Please place a photograph in this space
Or
You can write a current description if no photograph available.
Where I am from: Not the address but the area, how long I have lived there, where I lived before.
My life so far: Education, occupation, travel, any interests I have or things I like to talk about.
My family and athona important to may as Nove (Control of the control of the cont
My family and others important to me: e.g. Names of family members, names and relationship of people I may talk about or ask for, these may be old friends or family members and/or names and types of pets I may talk about
How do I pass the time? My interests, activities, items or topics that I find interesting, helpful or comforting

What makes me agitated or upset? Are there triggers that staff should be aware of?		
If I am feeling agitated what helps?		
How I express pain		
Tests in hospital - If I am having investigations, bloods, x	-rays, the following things may help.	
(Example - distraction)		
My Communication Please include anything that ma	y help staff identify my needs	
(Is English my first language? If not are there words I might use	, ,	
, , , , , , , , , , , , , , , , , , , ,	, ,	
Hearing Aid - Yes/No - If yes - Rt Ear Lt Ear Bo	th Ears are they with the patient?	
,		
Glasses - Yes/No - Wears glasses all the time L	eading only 🔲 are they with the patient?	
How I eat and drink and any assistance I may	How I manage to wash and dress and care for	
need	myself and how I like people to help me / what I	
	don't like	
	· 	
My favourite foods are:		
My favourite drinks are:		
Dentures? Yes/No Top/Bottom or full set		
Dentures with patient? Yes/No		
How I manage my toileting needs and any	How I mobilise	
assistance I need	Am I prone to tripping / falling?	
	Do I like to wander?	
The following things may indicate I need the toilet:	If yes is there a particular place I aim for?	
	Do I wander more in the day /night or both?	
I normally have my bowels opened		
How I take my medications and any assistance I	Sleeping My normal sleep pattern, what helps me	
<u>may need</u>	sleep, bedtime routines	

Examples: Advanced directives, Lasting Power of Attorney (financial), Lasting Power of Attorney (Health & Welfare issues), Enduring Power of Attorney.
For further details medical and nursing staff should speak to:
I am taking part in a research study in relation to Dementia. Yes/No If yes who is your research nurse contact?
If No and you (the patient) or your Next of Kin are interested in learning more about research that is being undertaken at Lancashire Teaching Hospitals please contact the Research team on 07866592097
Things Staff need to know about when they are planning my discharge from Hospital
<u>For relatives -</u> We want to work with you to provide the best care for our patient. How much and under what circumstance do you want to be involved in care of the patient whilst they are in hospital?
The information in this document has been provided by
Relationship to patient Date

Relatives Communication Sheet

If you wish to provide us with any further information or make a comment on their current situation here in the hospital that may help us care for your family member please use this sheet. This is not intended to replace any verbal communications or conversations you may wish to have with the team of staff on the ward

Date	Name and relationship to patient	Comment

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