



# All About Me

This document will tell you all about who I am to help you better support and communicate with me.

**My full name is:** \_\_\_\_\_

**I like to be called:** \_\_\_\_\_

**My preferred language:** \_\_\_\_\_

Attach a favorite photo of yourself, your family, a pet, or place you've visited here.

**5 things that interest me:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

All About Me can help reduce distress in unfamiliar locations and help healthcare professionals understand the person better to deliver person-centered care. All About Me should be completed by the person experiencing cognitive changes, the person who knows them best, or a collaboration between both. It is about the person at the time the document is completed and will need to be updated as necessary. Keep this in a safe place where anyone caring for the person can refer to it. Be sure to take the original or a copy when leaving the home.

**Date completed:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Signature of person completing this form:** \_\_\_\_\_

**By signing this document, I agree that the information in this document may be shared with healthcare workers to help them provide care and support that aligns with my preferences.**

\*Please do not provide information that you are not comfortable with others knowing.



For additional information on dementia friendly resources, please visit Dementia Friendly Pennsylvania at [www.dementiafriendlypa.org](http://www.dementiafriendlypa.org).

# All About Me

## Where I live

The town (not the address) where you live, whom you live with, and how long you have lived there.

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## The people who know me best and are important to me

This may include a care partner, relatives, or friends.

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## I would like you to know

Include anything you feel will help staff get to know you and care for you. For example, 'I prefer female nurses and aides.'

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## My life so far

Share your place of birth, places you've lived or travelled to, work history, achievements, partner/spouse, family, friends, and/or pets.

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## Things that are important to me

List important objects that bring you comfort or you like to have near you, such as a photograph, jewelry, stuffed toy, or other treasured possessions.

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### **My culture, faith, and spiritual/religious beliefs**

Describe your cultural background, spiritual/religious beliefs, if you celebrate certain holidays/events or observe certain practices.

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### **Hobbies and interests**

Share hobbies you enjoy (clubs, skills, or crafts), favorite music, sports, television/movies, and other interests.

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## **Communication**

### **How we can communicate**

Share how you prefer to communicate with others (written information, spoken language, both), if you're able to read and write, if you need an interpreter, and if you prefer to have a trusted family member or friend be involved in information sharing.

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### **Things that may worry or upset me**

Describe any situations (i.e. feeling alone, being without my care partner, getting an IV started or a shot, being in an MRI machine), environmental factors (i.e. loud noises, dark rooms), or physical needs (i.e. being constipated, hungry) that may be upsetting.

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### **How I might respond when I am nervous, anxious, or upset**

Describe what it looks like when you feel this way and any responses you might have to these feelings.

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### **What makes me feel better and calms me**

Describe any words, phrases, conversation topics, objects, people, or activities that help you calm down when feeling upset or nervous.

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## **My Routine, Personal Care, and Habits**

### **My routine**

Describe your daily routine, including when you prefer your meals, what time and the order in which you carry out personal care activities, your typical wake up and sleep times (including naps), and any other daily activities.

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## My activities of daily living

Please mark the level of assistance needed for each activity of daily living below:

	Independent	Needs cueing/setup	Needs Assistance	Resists Help
Dressing				
Bathing				
Toileting				
Grooming				
Walking				
Going from sitting to standing				
Eating & Drinking				

## Helpful information and strategies

Please share any additional details about the above activities of daily living, including any assistive devices used to complete them (i.e. cane, walker, wheelchair, raised toilet seat, shower chair, etc.), and helpful strategies to assist in completing the activities successfully.

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## **My senses**

Please share if you have any difficulty hearing or seeing, sensitivities to certain touch, tastes, sounds, lights, or smells, and if you use any assistive devices (i.e. hearing aid, amplifier, glasses, contacts, etc.)

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## **Sleep habits and preferences**

Describe your sleep habits and preferences (i.e. if you like some lights left on or a dark room, use a brown noise machine, frequently get up to use the bathroom at night, are a heavy or light sleeper, have a favored sleep position, etc.).

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## **Eating and drinking habits and preferences**

Describe what you like and dislike to eat/drink and any allergies and dietary restrictions, requirements, or preferences. Share if you use adapted aids to assist you, if you need your food to be softened, liquidized, or cut into pieces. Describe your appetite, any swallowing difficulties, and if you use dentures.

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## **Personal care habits and preferences**

Describe your usual practices and preferences, including if you use certain cosmetics or toiletries, use continence aids and need assistance with changing them, need assistance with brushing your teeth/dentures, have a preference for how your hair is cared for/styled, etc.

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## **How I take my medications**

Describe if and how you need help to take your medications, including how you prefer to take your medications (i.e. crushed, whole, liquid, in foods like applesauce or pudding, with certain drinks)

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## **Other details about me**

Please share any other information you haven't already that you would like others to know, such as important events from your past, advance care plans you have already made, etc.

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