

All About Me

Complete this page about your loved one so the hospital staff can best understand their needs. You may post this next to the bed for best visibility.

My full name: _____

Please call me: _____

Where I live (not address, just area): _____

The people I am closest to: _____

The following routines are important to me: _____

Things that cause me to worry or upset me: _____

What makes me feel better when I am anxious or upset: _____

How I best communicate: _____

I would like you to know about me: _____

My caregiver: _____

Phone number to reach my caregiver: _____

Date completed: _____ By whom: _____

Relationship to me: _____

*Additional copies of this page can be downloaded from www.seniorconcerns.org