



Your Name

Work Book

ACKNOWLEDGEMENTS

my life and other resources were inspired by good practise in other areas:

Person Centred Support Plan by South West Dementia Partnership

My PAL work book Rotherham Doncaster and South Humber NHS Trust

**my life has been
commissioned by:**



and developed by:



In partnership with:



**North East Lincolnshire
Dementia Forum**

CONTENTS

IMPORTANT TO ME	Page	Brief Explanation
BIOGRAPHY	5 - 15	My early life: how my past can affect my today
	16 - 18	My daily routine: identifying the things I want to keep doing
BIOGRAPHY & SPIRITUALITY	19 - 20	My culture & beliefs: ensuring I keep them
ENTERTAINMENT	21 - 23	What's special, what I like & do not like doing: ensuring I have a variety of things to do
FAMILY / FRIENDS & COMMUNITY	24	Identifying who is important to me: how to maintain my relationships
COGNITIVE ABILITY	25 - 40	MY HEALTH
PHYSICAL HEALTH		Identifying who is supporting my health: how my life is being affected – what support I need
ENVIRONMENT		
SENSORY IMPAIRMENT		
EATING & DRINKING		
PERSONALITY		
SUPPORTING MY FAMILY	41	Supporting my family their views and concerns
SAFETY	42	What I want & need now: how to help me be safe
	43	People who helped me with this work book
	44	Who can share the information in this book
	45	Next steps: actions to take

Work Book

My life work book is for people who want to keep a positive approach, and focus on planning for their own health and wellbeing.

THIS work book enables you to play an active role in maintaining your health and improving it.

It aims to support you in:

- **Identifying what is important to you**
- **Help you plan daily and weekly actions and activities**
- **Look at changes you may want to make**
- **Identify actions to take to maintain the things you want**
- **Maintain your health & well being**

my life work book offers a step-by step approach and can be completed at a time and pace which suits you, either by yourself or, if you wish, with the support of someone else such as a friend or relative.

We know that some elements of your health and wellbeing may be difficult to look at: however this work book provides you an opportunity to identify and focus on those things that are important to you and how to maintain them.

About Me

Photograph

About me

I like to be called



My Birth date is

Photograph

A large rectangular box with a thick blue border, intended for a photograph.

These are my family



Relation

Name

About me



I live at



Tel:



E- Mail:

In an emergency - you can call:



My Family & Friends

Photograph

Photograph

Photograph

Your Photograph

Photograph

Photograph

Photograph

Photograph

My Family Tree

My Grandparents



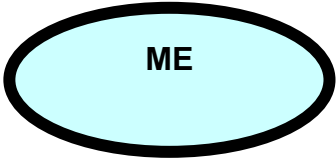
My Grandparents



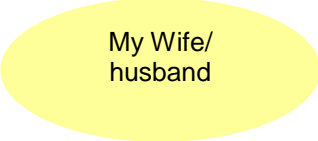
Mum



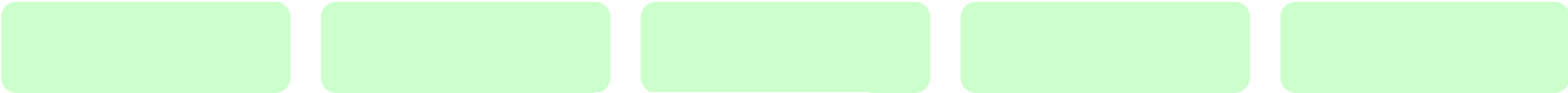
My brothers / sisters



My brothers / sisters



My Wife/
husband



Our Children



Our Grand Children



Our Great Grand Children

My Early Life

This is me

Photograph

Where and When I Was Born

Pictures of Town

My Family

Mum / Dad Brothers Sisters

Pictures of Family

My Early Life

Where I Went to School



Pictures of when I was young

Childhood Memories

Best friends?
Early school life?

Pictures of Old school friends

Pictures of Old Cinema

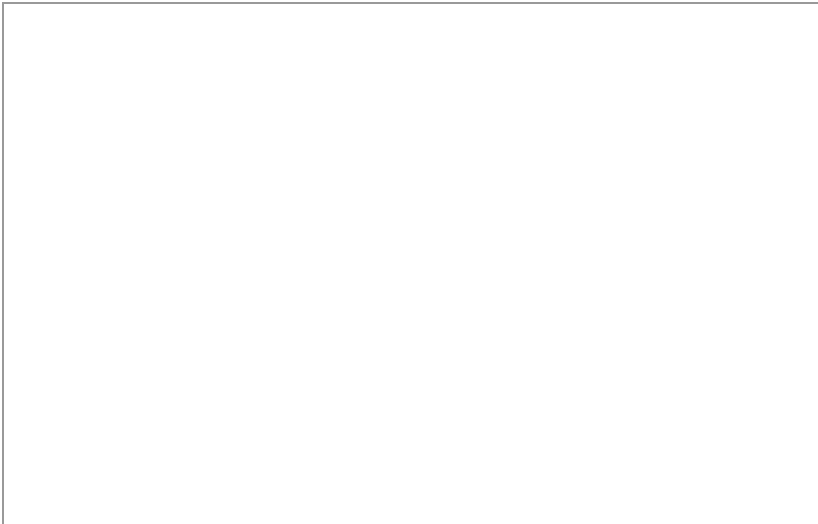
My Early Life

Life as a Young Adult


Music of the time?

Cinema / films?

Local cinemas?

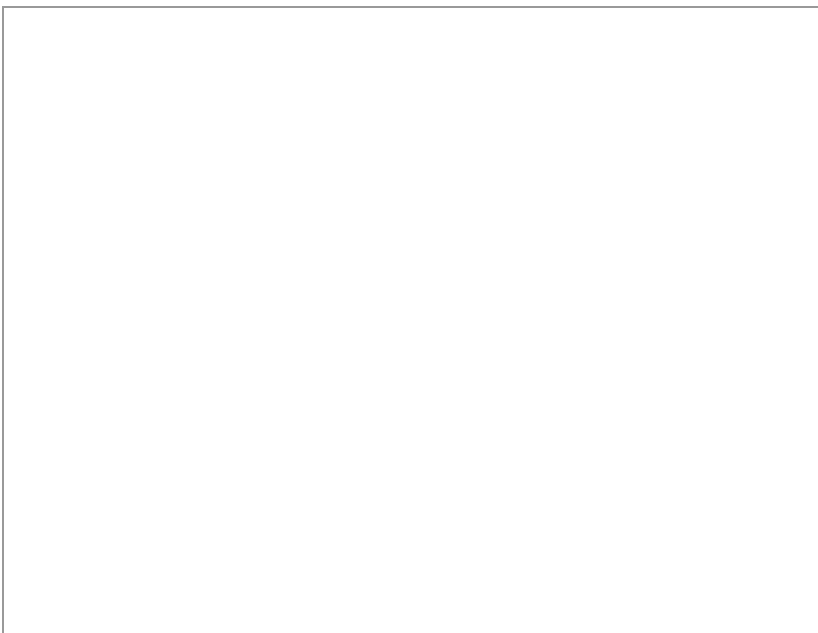


Pictures of Old Film / Pop Stars

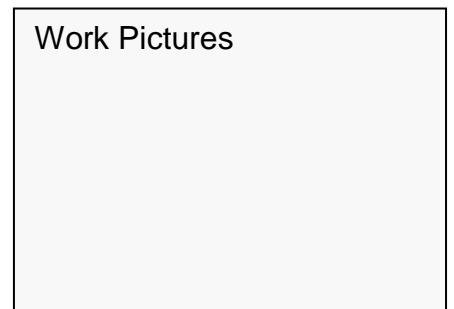


Adult life

Employment history



Work Pictures



Me Now

Me Now

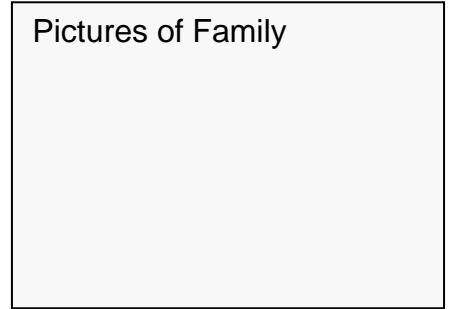
Present Life

Marriage / partners

Family



Pictures of Family

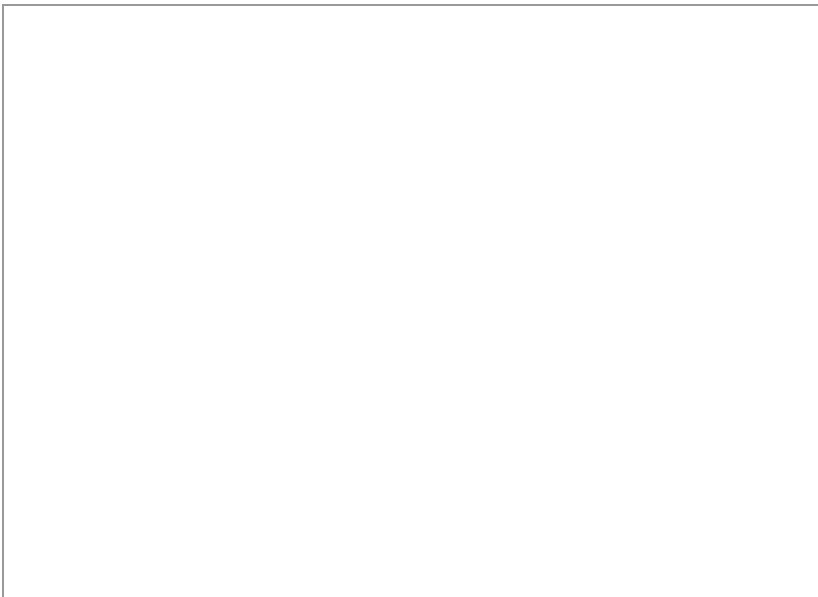


Pictures of Friends



My Personality

I describe myself as



Pictures of Pets



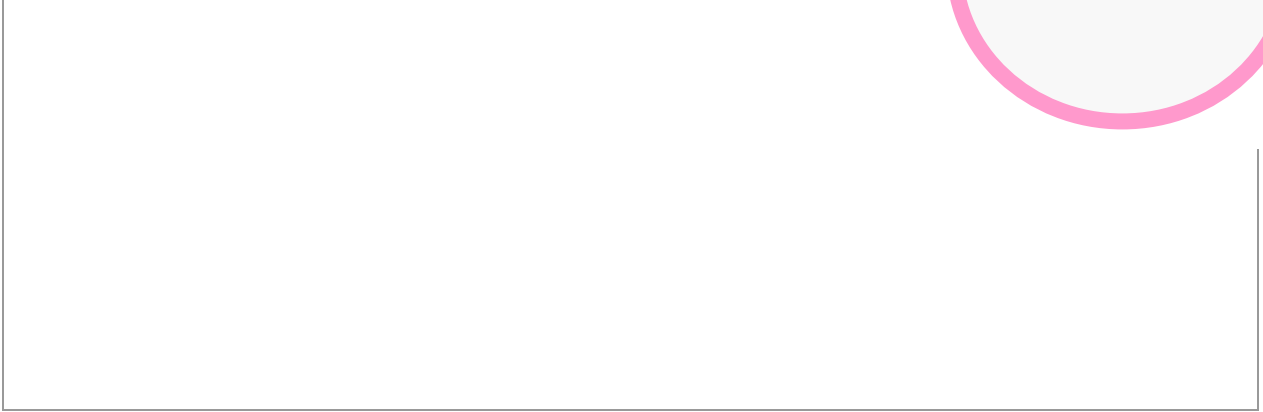


Best Memories



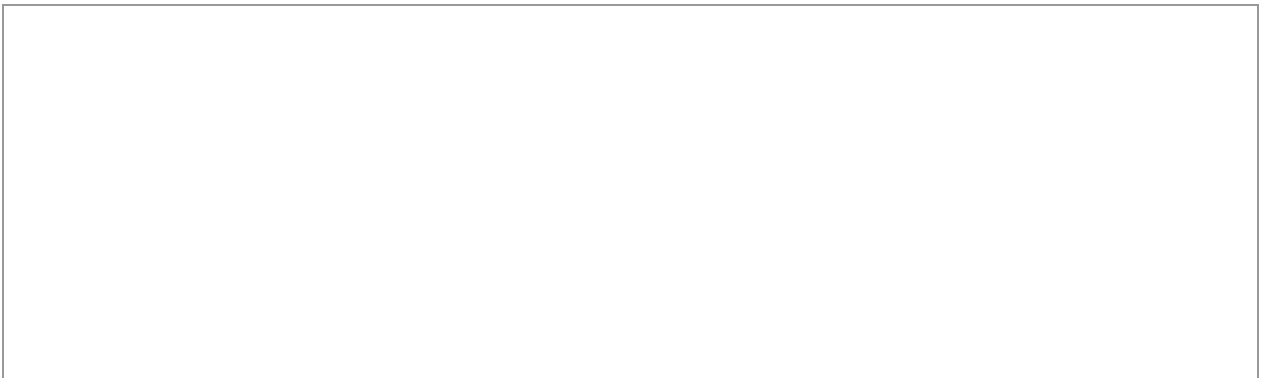
What you need to know

What is important for you to know about my past?




Photograph

How my past affects the way I am today:



How you can support me to make the best use of my past and overcome any difficulties it causes me:



What's important to me?

ROUTINE

Photograph

Morning routine:

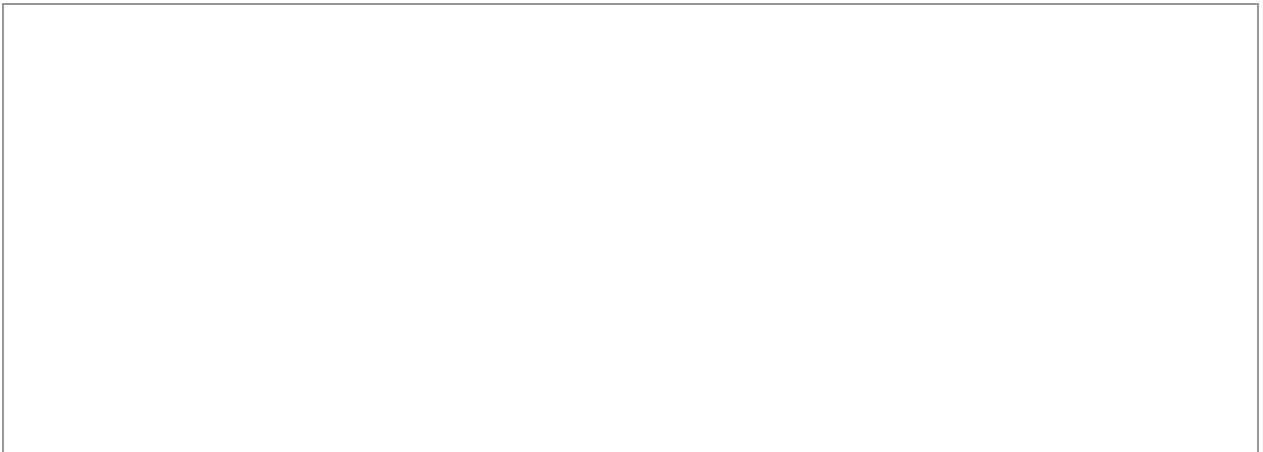
Lunch time routine:

Evening routine:

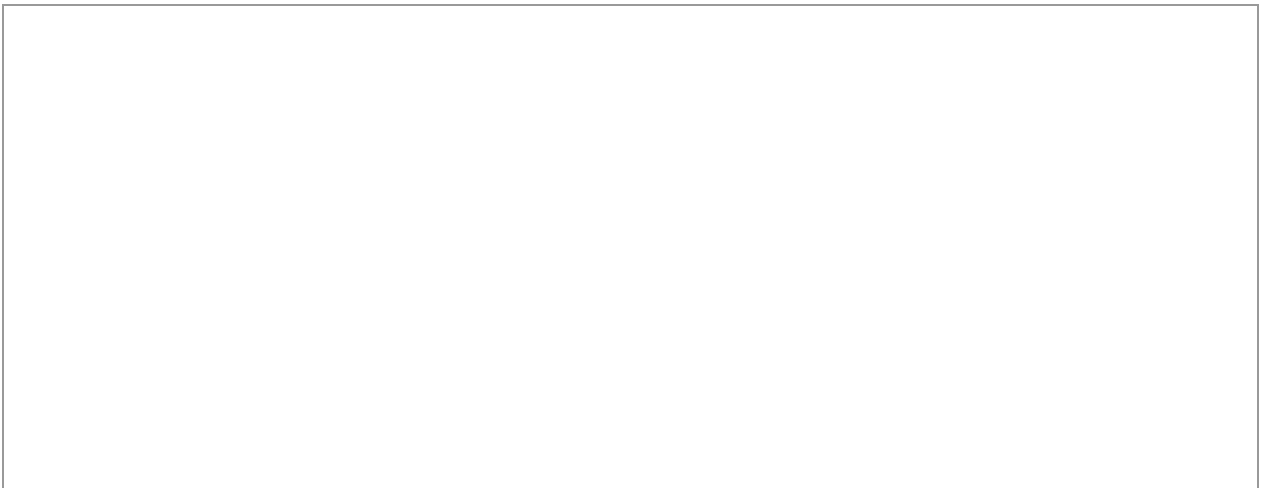
What's important to me?

Weekend routine:

Saturday:



Sunday:



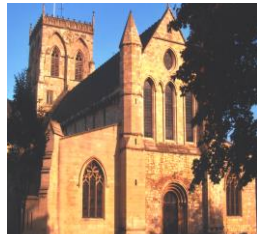
See Time table below



Day Centre



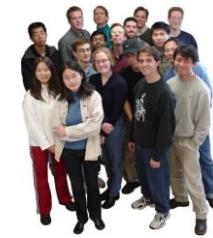
Support / Carer



Church / Synagogue



Leisure



Friends / family



Day Opportunities

Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning							
Mid Morning							
Lunchtime							
Afternoon							
Tea time							
Evening							
Bedtime							
Night							

What you need to know

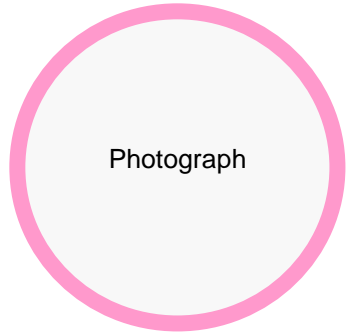
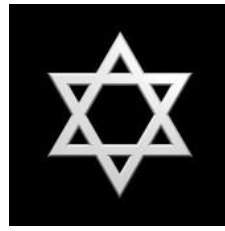


What is important for you to know about my cultural background?

How you can support me to maintain my cultural identity:

What you need to know about my use of language:

What you need to know



These are my beliefs, which are really important to me:

How you can help me to sustain them:

Things that are special to me

Special Occasions:

To celebrate my Birthday / Anniversary I -



Special things I like -



Things that I do not like

Photograph

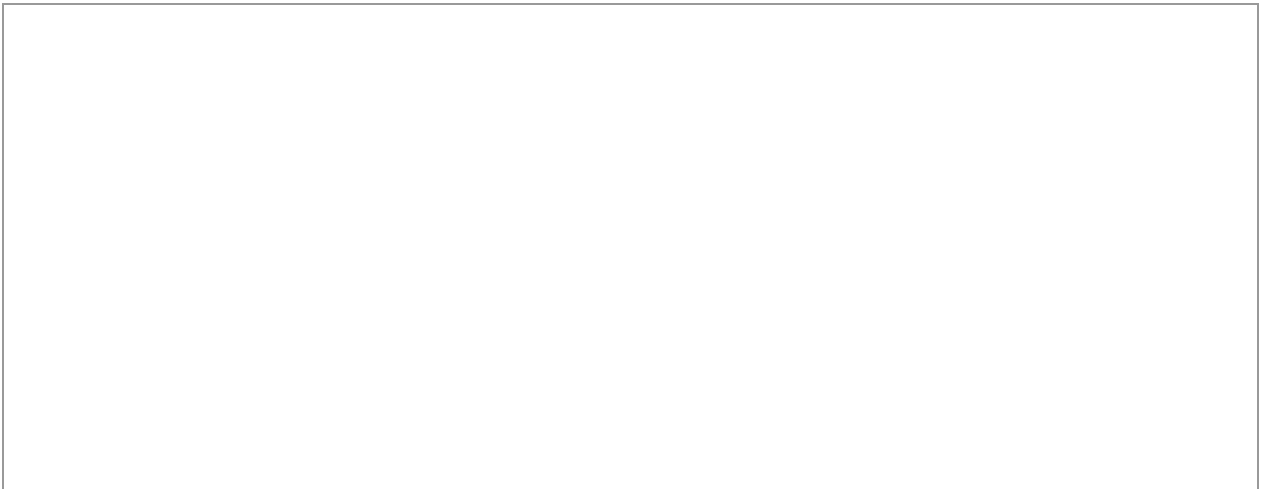
What you need to know

What I like to do

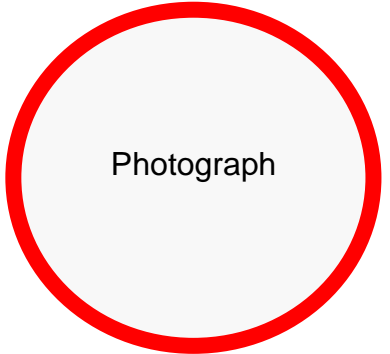
Activities / Places

The activities / hobbies I like to do / how I like to relax
Regular places I like to go visit are

This is what I like to be doing:



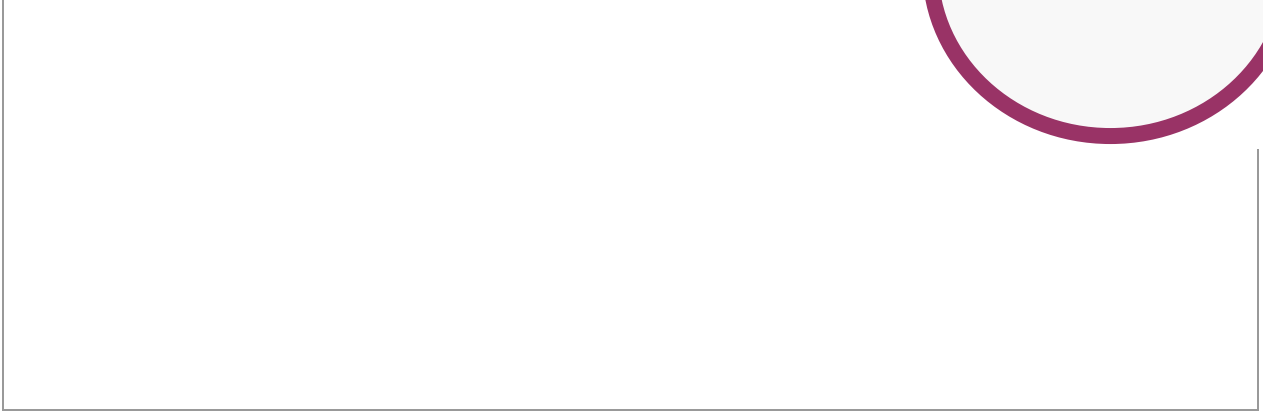
This is how you can help me to do it:



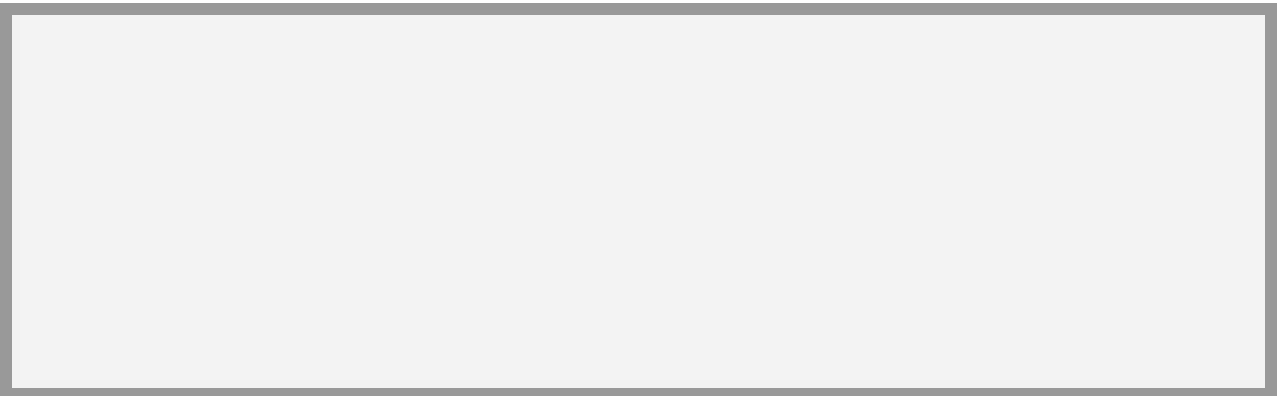
What you need to know

People and organisations that is important to me:

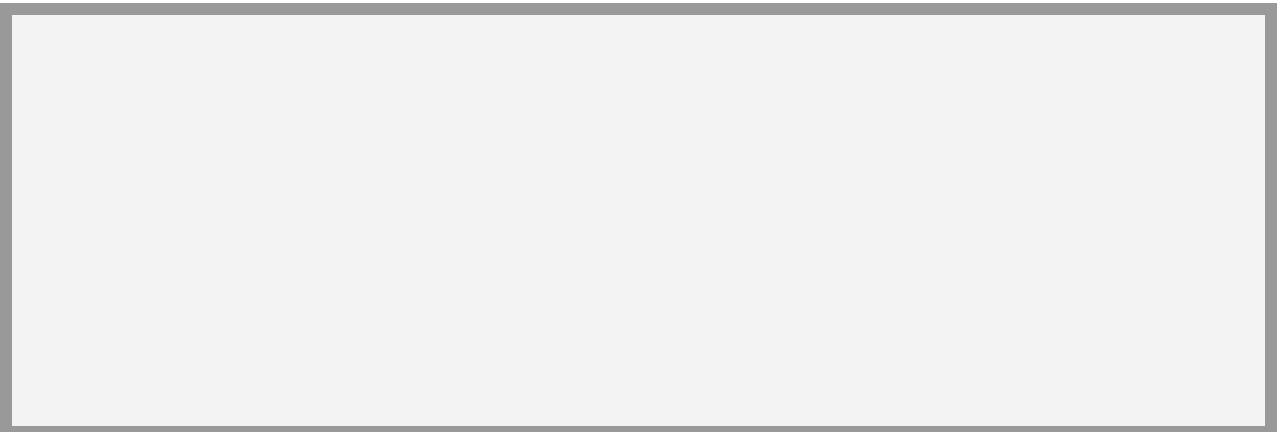
Photograph



How you can support me with maintaining these relationships:

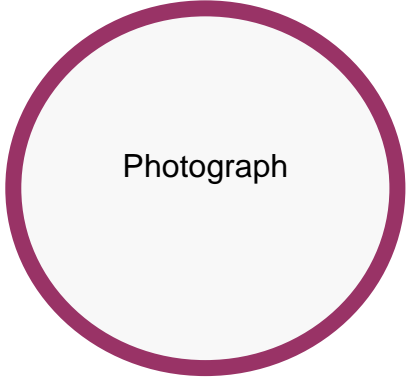


How you can support them to maintain a relationship with me:



What you need to know

My Health



Photograph

Your Name:

My Health Professionals



My Doctor is:

Address:

Telephone:

Other information

Any known allergies?

Last - Tetanus given

My Dentist is

My Optician is

My Podiatrist is

Further information regarding my health & future welfare can be found:

Please Note information are subject to change – information held needs to be regularly reviewed and updated.

My Medication

Do I need a regular review of my medication? **YES** / **NO**

Medication:

Reason for taking medication:

Any side affects:



Medication:

Reason for taking medication:

Any side affects:

Medication:

Reason for taking medication:

Any side affects:

Medication:

Reason for taking medication:

Any side affects:

I like to take my medicine with:

Please Note Medication / information are subject to change – information held needs to be regularly reviewed and updated.

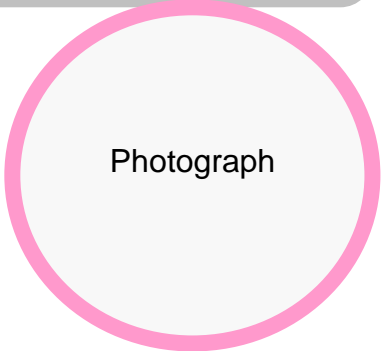
Date of last medication review:

What you need to know

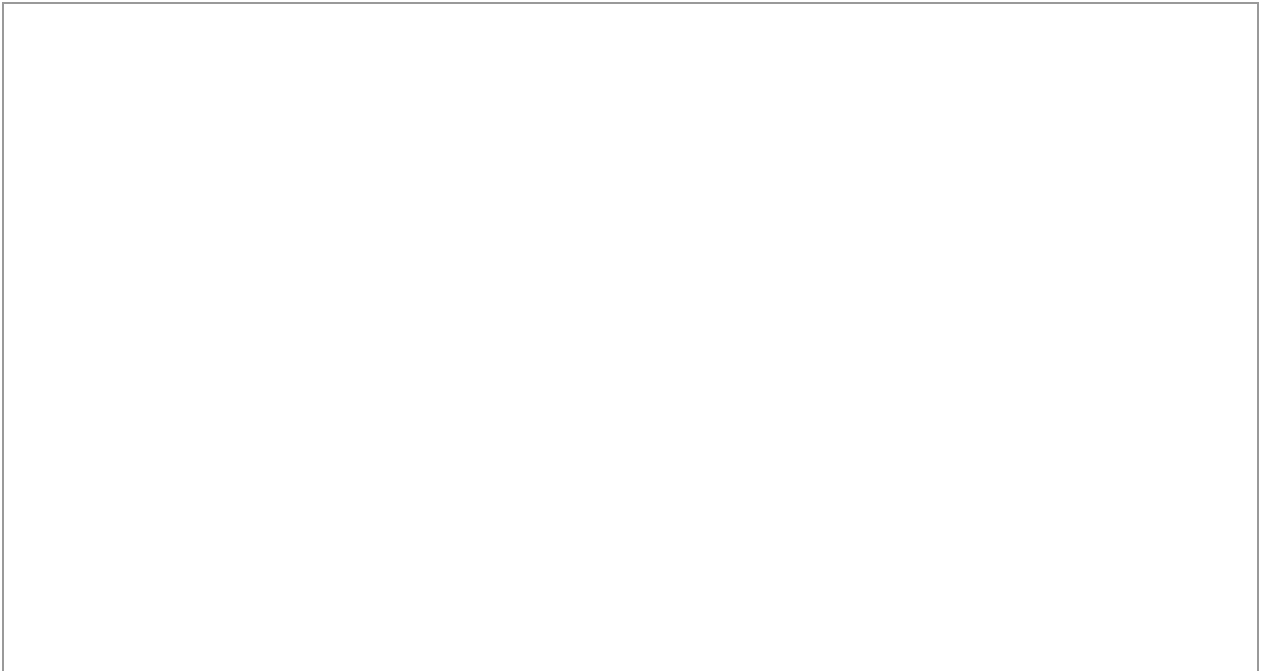
How my thinking and doing has been affected:



A large empty rectangular box with a thin black border, intended for the user to write their response to the question above.



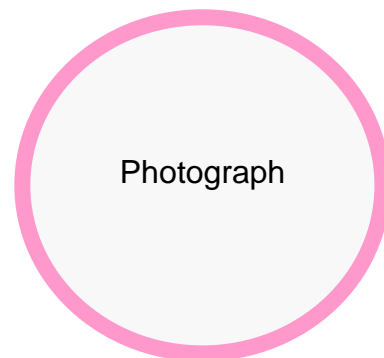
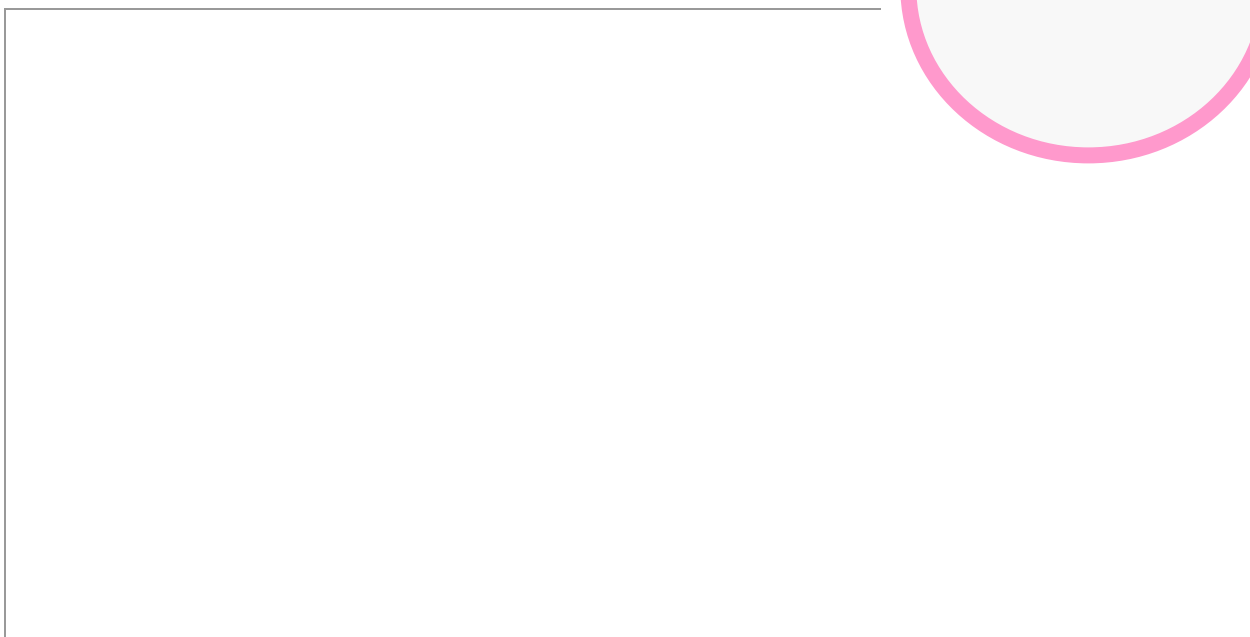
What I can still do:



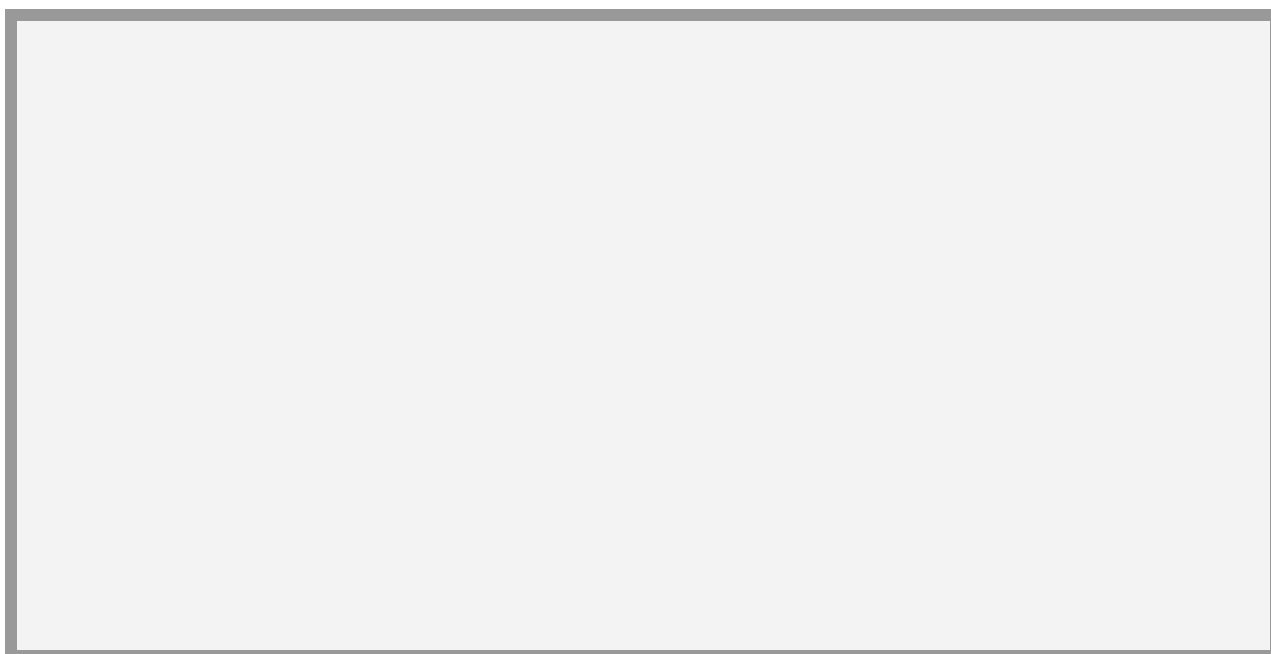
A large empty rectangular box with a thin black border, intended for the user to write their response to the question above.

What you need to know

What I find difficult:



How you can help me do the things I can still do and support me with the things I find difficult:



What you need to know

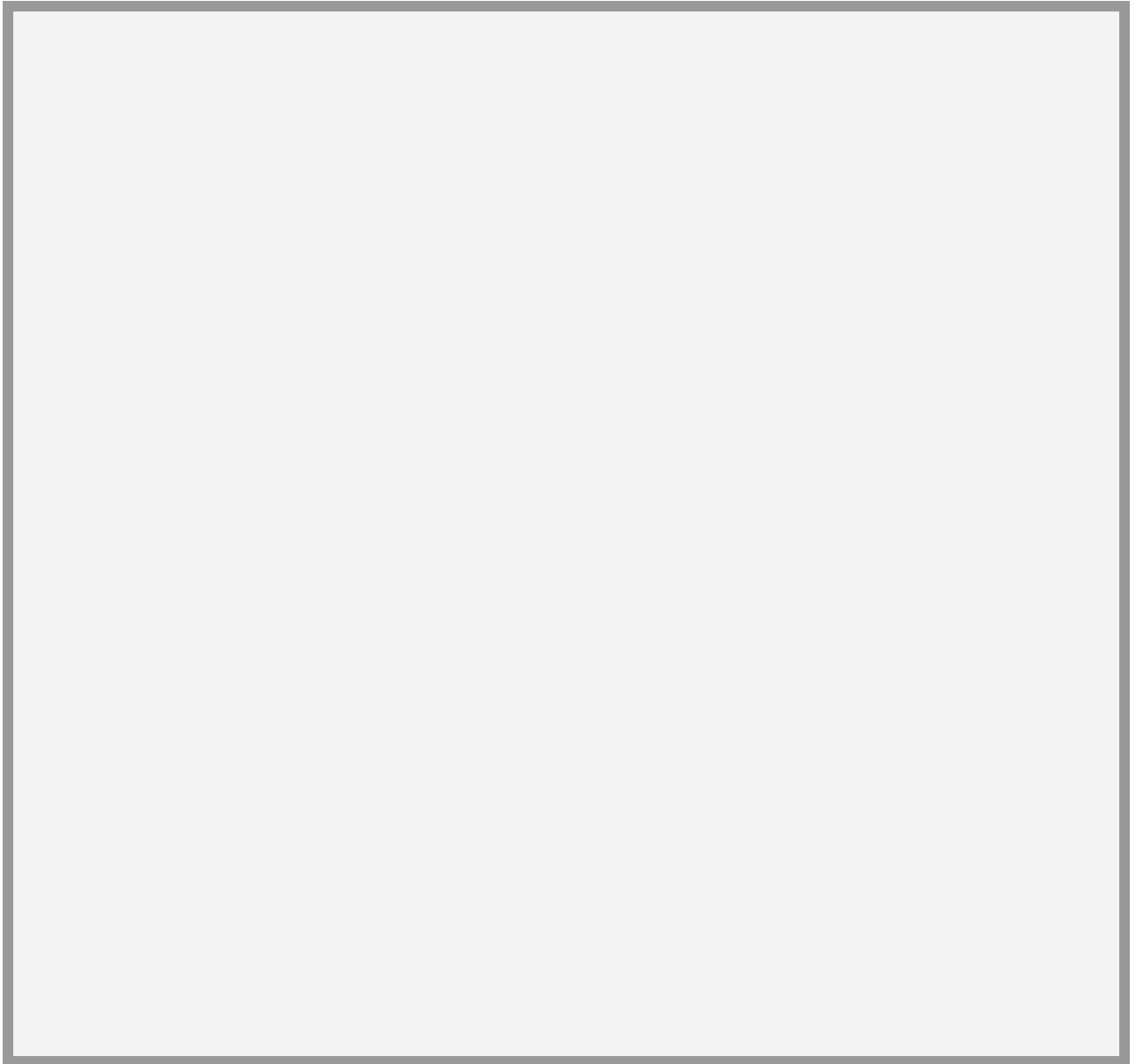
What I can still do for myself:



What I find difficult:

What you need to know

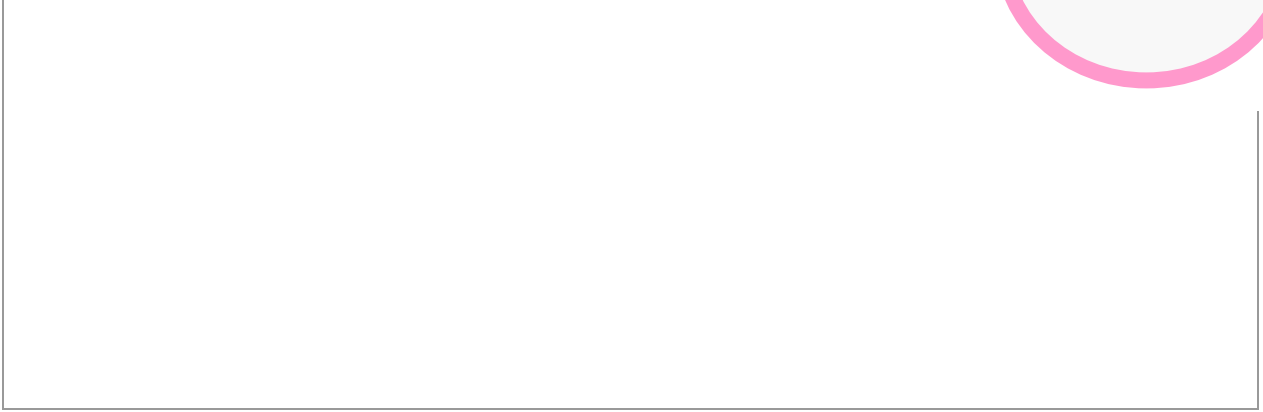
How you can help me with my physical health / to keep fit & Active:



What you need to know

The environment which best suits me is one where:

Photograph



These are the challenges I have:



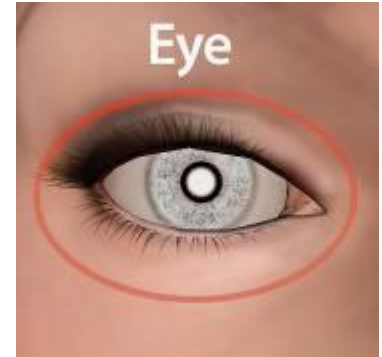
This is how you can support me to make the best of the world around me:



My Vision & Hearing

Eyesight

I need to wear glasses / I have poor vision




Hearing

I need to wear a hearing aid / I have limited hearing



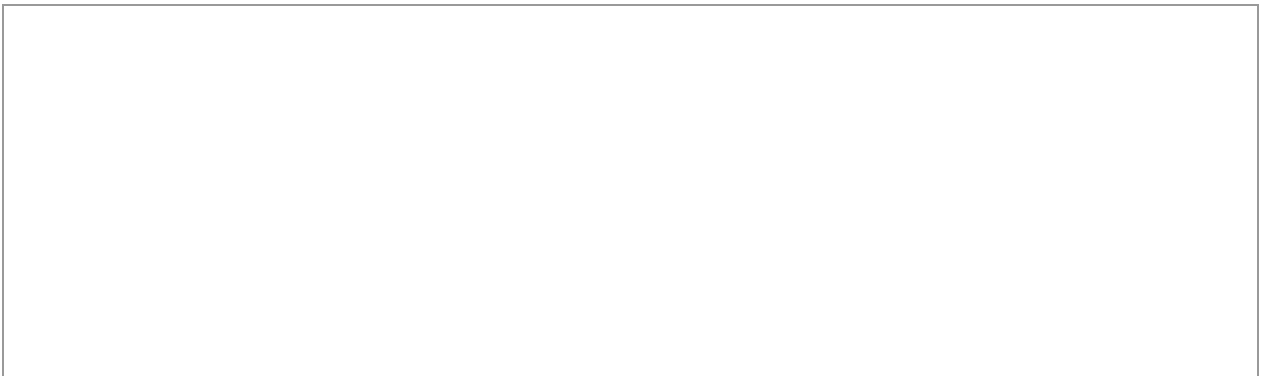
What you need to know

My good senses are:



Photograph

What I find difficult:



How you can help me to make best use of my senses:



What you need to know

Name

Photograph

I enjoy eating

I do not like eating


I like to drink



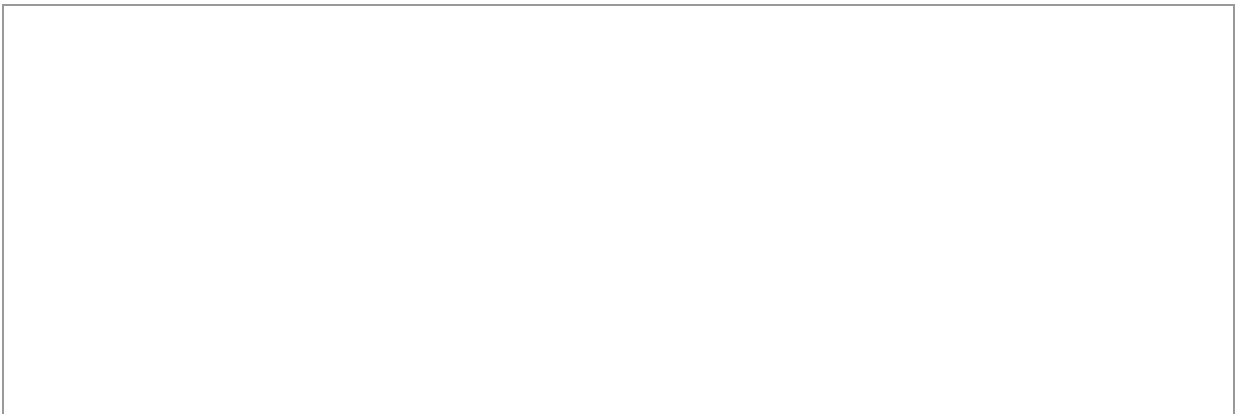
I do not like to drink

What you need to know

This is how and where I prefer to eat:



These are things I must have:



How you can help me with eating and drinking:



My Personal Care

I prefer a shower / bath



I need help to have a wash



I need help to go to the toilet



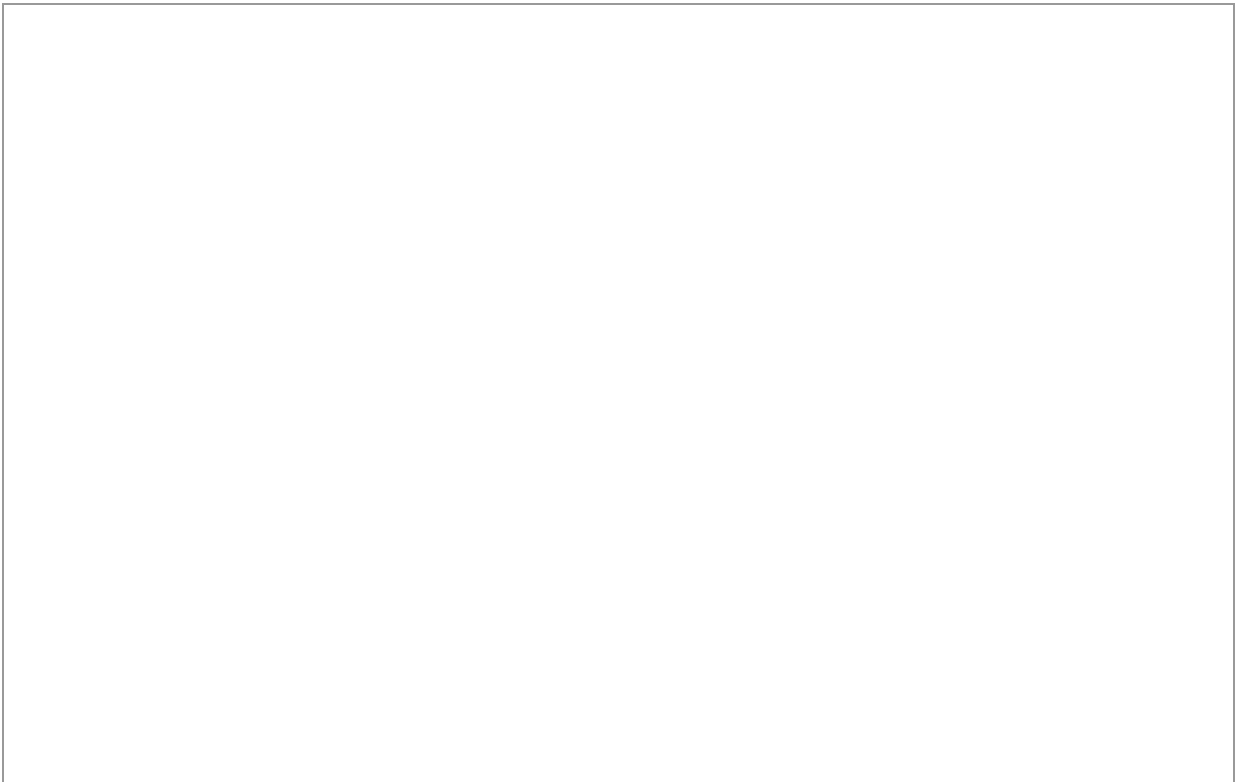
What you need to know

How I am generally as a person, my disposition:

Photograph



How I respond to new situations and difficulties:



What you need to know

What upsets me?



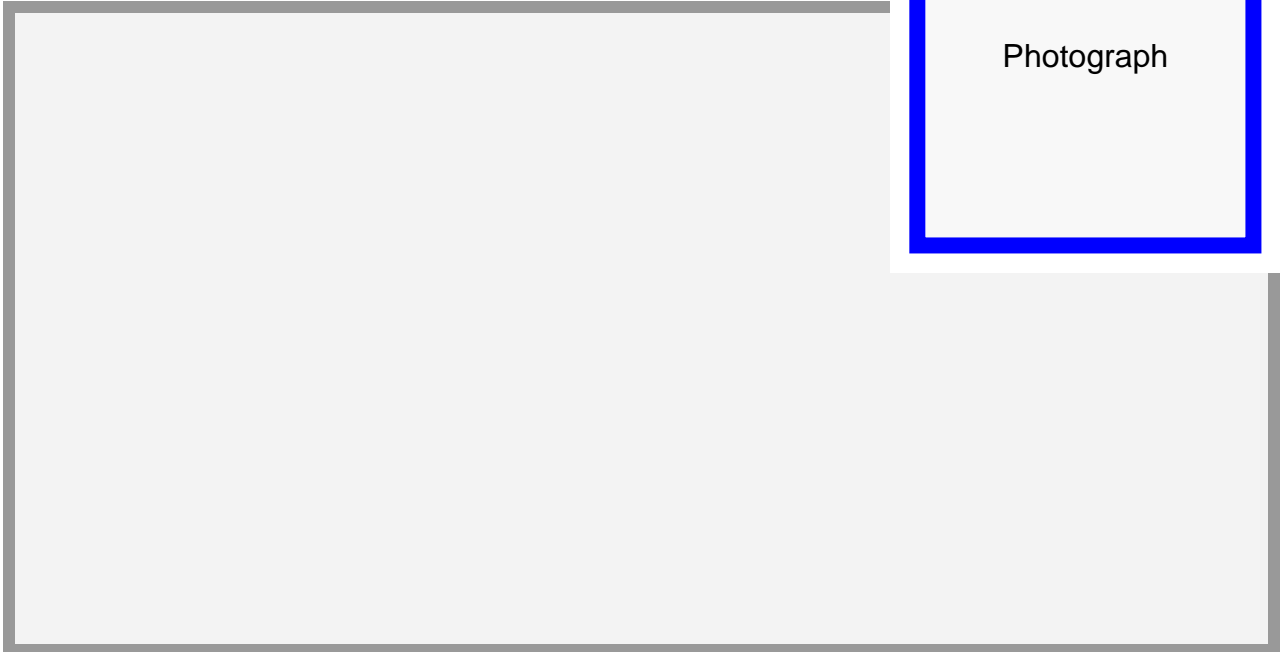
Photograph

How you can support me to be positive:



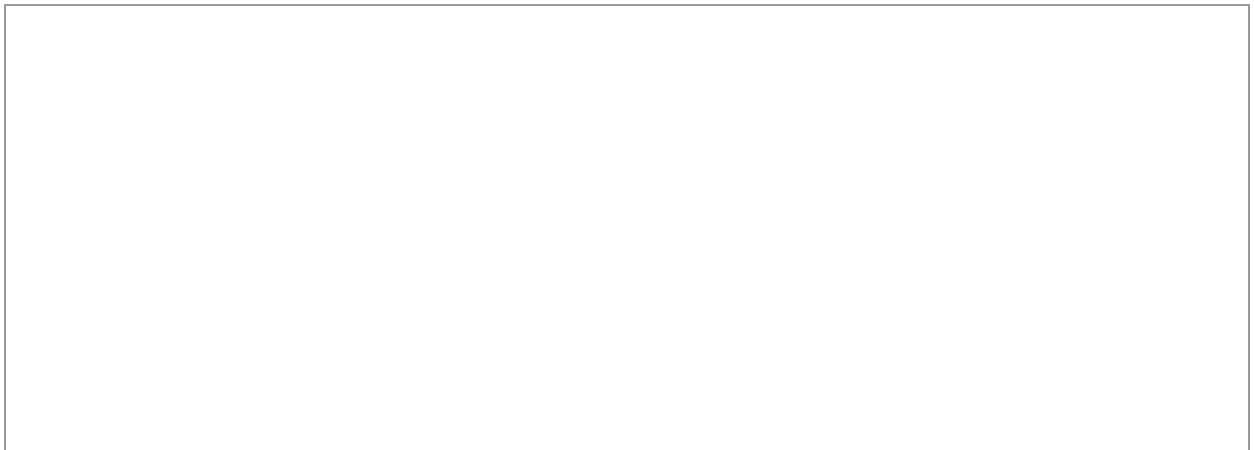
What is Essential to me right now?

Right now



Photograph

In the Future



Further information regarding my health & future welfare can be found:



Please Note information are subject to change – information held needs to be regularly reviewed and updated.

MY Family's Views

How my condition is affecting my family:




How to support my family:

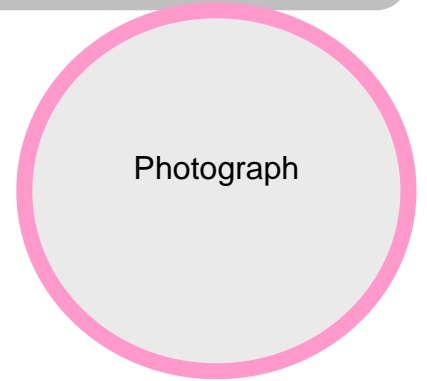


What you need to know

Areas of high risk for me:



A large empty rectangular box with a thin black border, intended for the user to write about areas of high risk.



What you must do to keep me safe:



A large empty rectangular box with a thick gray border, intended for the user to write about safety measures.



These people helped me with
In-formation gathering:

Date:

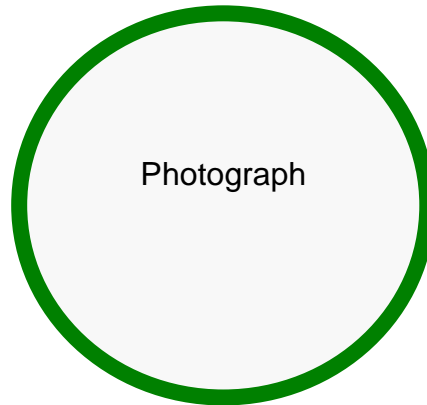
Lead Person / contact

Signature of person

Signature of relatives



Sharing my information



PRIVATE

Information written in my plan to be given to:

ONLY

(I agree to the named people above to pass on relevant information)

Signed:

On behalf of:

Dated:



Next Step

Action Plan: Who will do what by when?



Next Step

Record of reviews & updating plan

Date of review	Name of those present	Notes
		:



Work Book

For information on local dementia support services contact your local Dementia Advisor at

The Alzheimer's Society on 01652 608474



Or email adminlincs@alzheimers.org.uk

For local Carers support / queries contact

A3 Team: 01472 256 256



North East Lincolnshire Dementia Forum

