

Getting to know you

This form helps us support people with delirium.

When people have delirium, they may think or act differently from normal. This form helps us get a better picture of the person when they are their normal selves. It should be completed by the people who know the person best, ideally with their help. We will file the document in the notes and use it to help personalise our delirium care.

My full name	Name I like to be called
Person who knows me best	Relationship

Background

Where I live (area, not the address)

My family and home, my job or previous jobs

Hobbies and interests, what I enjoy talking about

Routines

Routines that are important to me

My sleep routines

How I take my medicines

My eating and drinking likes, dislikes and needs

My personal care needs

Hearing, communication and vision

My hearing (including any need of aids), my vision (including any need of glasses), and how we can communicate

My usual self

My personality

My memory

What is different at the moment (what problems might the delirium be causing)?

Things that may worry or upset me (such as being apart from loved ones, physical health problems, loud noises).

Things that might reassure me if worried or anxious (such as comforting words, familiar faces, reassuring activities).

Other notes about me

Person completing the form

Name

Relationship

Date completed