 All About Me

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| First Names |  | My Photograph |
| Nicknames – Prefer to be called |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Religion |  |
| Languages Spoken |  |
| Name of Parents/Carers |  |
| Home Phone Number |  |
| Email Address |  |
| Emergency Contact Name |  |
| Emergency Contact Phone Number |  |
| GP’s Name |  |
| GP’s Address |  |
| GP’s Phone Number |  |
| Diagnosis of Disability/Special Need |  |
| Medical Number |  |

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| ***Ethnicity, please tick*** |
| White: British | White: Irish | White: Other | Mixed: White & Black Caribbean | Mixed: White & Black African | Mixed: White & Asian | Mixed: Other |
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| Asian or Asian British: Indian | Asian or Asian British: Other Asian | Black or Black British: Black Caribbean | Black or Black British: Black African | Black or Black British: Other Black | Chinese or Other Ethnic Group: Chinese | Chinese or Other Ethnic Group: Other |
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| ***My feeding needs:*** |
|  | Yes/No | Further Details |
| Do I need help with feeding? |  |  |
| Do I have any specific routines, i.e warming, mashing food? |  |  |
| Do I have a special diet? |  |  |
| Are they any foods I do not want to eat? |  |  |

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| ***My Interests:*** |
| What are my favourite activities? |  |
| What are my **least** favourite activities? |  |

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| ***Sometimes I may:*** |
|  | Further Details |
| Have behaviours that might affect others – biting, scratching etc |  |

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| What might trigger the above behaviour(s)? |  |
| What is the best way to help me with the behaviour(s)? |  |
| What things might upset/scare me? |  |
| What is the best way of comforting me? |  |



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| ***My Bathroom Routine:*** |
|  | Yes/No | Further Details |
| I can go to the toilet unprompted? |  |  |
| Sometimes need reminders? |  |  |
| Need to be supervised? |  |  |
| Wear pads? |  |  |
| Use special words or signs to indicate that I need the toilet? |  |  |
| Use special equipment e.g hoist? |  |  |

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| ***My Sensory and Communication Skills:*** |
| Do I…. | Yes/No | Further Details |
| Have any hearing loss? |  |  |
| Understand verbal communication? |  |  |
| Have trouble making myself understood? |  |  |
| Use sign language or any other non-verbal signs? |  |  |
| Have any sight loss? |  |  |

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| ***My Mobility Needs:*** |
| Can I……. | Yes/No | Further Details |
| Walk unaided? |  |  |
| Use a wheelchair? |  |  |
| Use other specialist equipment? |  |  |
| Manage steps/stairs? |  |  |



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| ***My Safety:*** |
|  | Yes/No | Further Details |
| I am aware of dangers? |  |  |
| I may try to run away, climb boundary walls etc? |  |  |
| Is there anything we should be aware of when planning for your safety? |  |  |

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| ***Please use this space to tell us extra information that you feel we should know about you in order to keep you safe. Please include any information that will help our staff ensure your enjoyment at New Horizons and that of others around you.*** |
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| ***Vaccinations:*** |
| When did I have my last tetanus vaccination? |  |
| Please give details of all other vaccinations (including Covid 19), including names and dates |  |



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| ***My Medical Needs:*** |
| What is my diagnosis? (Please add further explanation if you feel it is needed.) |
| Do I have any other medical needs? |
| Do I have any allergies? If yes, what are the likely consequences should I be exposed to this? |
| Am I diabetic? |
| Do I have epilepsy/seizures? (If yes, you will be asked to complete more information on an epilepsy management form) |
| What are the warning signs? |
| What behaviour is expected during the fit? |
| What is the usual duration of the fit? |
| What care and medication is needed? |
| How often do I have a fit? |