

Getting to Know You

Patient Information

Patient name.....

Ward.....

Whilst you, your friend or relative is a patient in this hospital, we would like to get to know you better to enable us to treat you with the respect and dignity you deserve.



If you would like to share any information about yourself, it would help us to care for you as an individual and achieve our aim of getting to know you.

If you have a “This is me” leaflet, please let us know.

Derriford Hospital
Derriford Road
Plymouth
PL6 8DH
Tel: 0845 155 8155

Getting to know you

* What name do you prefer to be known by?

.....

* Tell us about the person/carer who knows you best?
Please remember we allow open access for carers if they wish.

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* Who is important to you? What is the relationship to you?

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* What is/was your job?

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* What are your hobbies and interests?

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* Do you have any special dietary requirements? Include personal preferences eg, drinks, food....

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* Do you have any eyesight or hearing difficulties?

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* What is your normal sleep pattern? Include usual bed times.

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* Do you have any spiritual/religious/cultural needs?

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* Tell us about your daily routine.

morning.....
.....

afternoon.....
.....

evening.....
.....

* Which part of the day are you at your best?

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Is there any other information you wish to share with us?



What worries you about being in hospital?



Feel free to bring in a few personal effects ie, photo's, pillow, pillow cases and blanket - this can help with recovery.