**<INSERT ORGANISATION NAME> PERSON-CENTRED CARE/SUPPORT PLAN FOR PEOPLE WITH DEMENTIA**

| **My Name:** | **My Address:** |
| --- | --- |
| **I like to be known as:** | **My Date of Birth:** |

**People / Family Close to Me**

| **Name:****Relationship:** | **Contact Details:** |
| --- | --- |
| **Name:****Relationship:** | **Contact Details:** |
| **Name:****Relationship:** | **Contact Details:** |
| **Name:****Relationship:** | **Contact Details:** |

**How to Communicate with Me**

| **I have these Difficulties with Communication:** |
| --- |
| **How You Can Help me Communicate:** |

**Who I Am**

| **The Past Occupations and Pastimes that are Important to Me:** |
| --- |
| **My Values and Beliefs:** |
| **My Cultural Background:** |
| **My Cultural and Religious Needs and Preferences:** |
| **My Language Needs and Preferences:** |
| **My Cultural Dietary Requirements and Fasting Needs:** |
| **How You can Help me to Maintain my Values, Beliefs, Cultural, Religious and Language Needs and Preferences:** |

 **My Cognitive Needs and Preferences**

| **How the Dementia has Affected my Thinking, Judgement and Memory:** |
| --- |
| **What I Feel I can Do for Myself:** |
| **What You can Do to Help Me with this:** |

**How Safe I Feel**

| **The Problems I have Maintaining my Own Safety:** |
| --- |
| **What I can Do for Myself:** |
| **What I Need You to Help Me with:** |

**My Anxieties and Fears**

| **The Things I am Most Anxious About at the Moment:** |
| --- |
| **How this is Affecting Me:** |
| **How You can Help me Overcome these:** |

**My Family and Friends**

| **Who is Most Important to Me:** |
| --- |
| **Their Visiting or Contact Patterns:** |
| **My Family have the Following Anxieties:** |
| **How You can Help me Keep in Touch with and Help my Friends and Family:** |

 **Financial Issues**

| **I have the Following Financial Problems that I Need Help with:** |
| --- |
| **How You can Help me with this:** |

 **My Interaction with the Environment**

| **I Like the Following Things about my Surrounding Environment:** |
| --- |
| **The Things in my Environment I have Difficulties with:** |
| **What You can Do to Help me with this:** |

**Signs and Symptoms**

| **I have the Following Signs and Symptoms that are Affecting me:** |
| --- |
| **They are Affecting me in the Following Ways:** |
| **What I have Done to Overcome these:** |
| **What You can Do to help me Overcome these:** |

**Medication**

| **The Medication I Take:** |
| --- |
| **What I Do to Take these:** |
| **Who Normally Helps me with these:** |
| **What You can Do to Help me with these:** |

**Personal Care Needs**

| **My Hygiene Needs and Preferences are:** |
| --- |
| **What I am Able to Do for Myself:** |
| **How You can Help me with these:** |
| **My Food and Drink Likes and Dislikes are:** |
| **The Special Diets I Require are:** |
| **What I Can Do for Myself with Shopping, Cooking, Eating and Drinking (Some Domiciliary Care):** |
| **What I Need Help with:** |
| **What I am able to Do About Cleaning (Domiciliary Care):** |
| **What Help I Need:** |
| **The Pets I have (Domiciliary Care):** |
| **What I am able to Do for these:** |
| **What Help I Need with them:** |

**Social Requirements**

| **I Like to Do the Following Activities or Go on these Outings:** |
| --- |
| **I can Do this with this Help:** |
| **What You can Help me with:** |
| **I have the Following Family/Friend Events Coming Up that I want to Attend:** |
| **The Help I will Need with this:** |

**End of Life Care**

| **I have Made the Following Arrangements about my End of Life:** |
| --- |
| **I would Like to Make the Following Arrangements about the End of my Life:** |
| **How You can Help me with this:** |