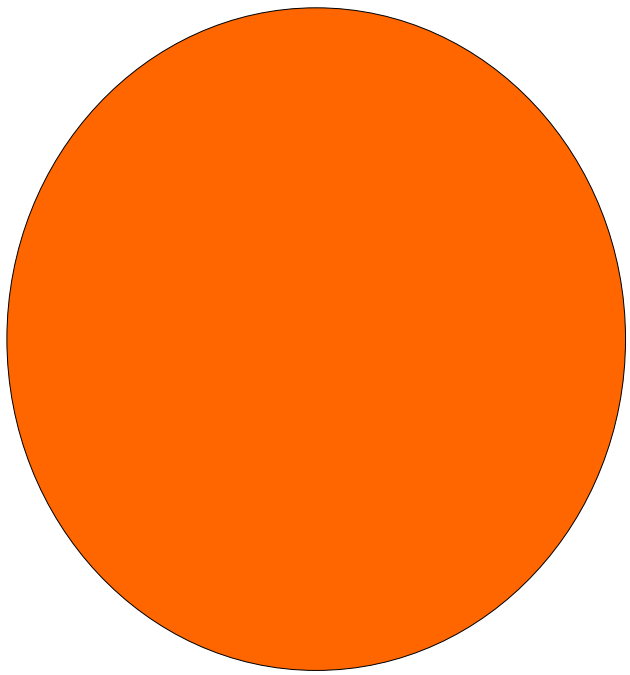
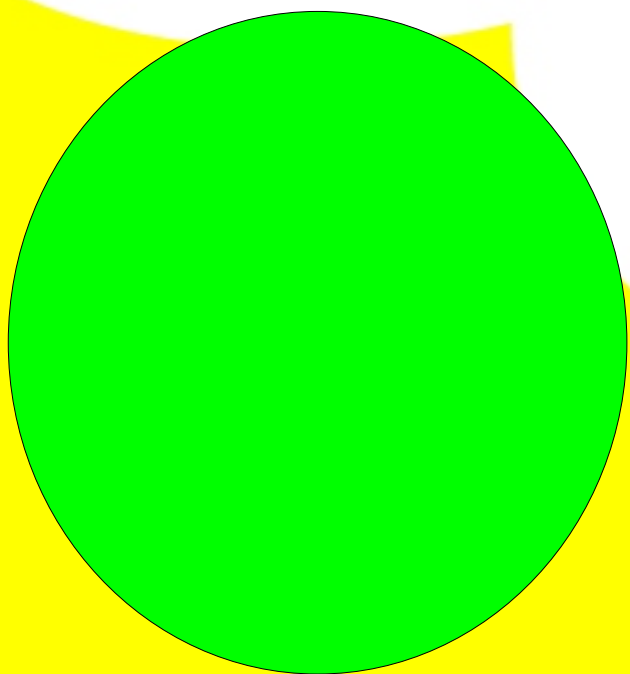


RED



AMBER



GREEN

**Hospital Assessment  
For people with Learning Disabilities**



# Things that you must Know about me

Name-

Likes to be known as-

Address-

Date of Birth

tel No

GP-

Address:

Next of Kin:

Relationship

Tel no:

Next of Kin:

Relationship

Tel No:

Allergies:

Current medication:

:

Current medical conditions

Brief medical history:

Level of communication / comprehension

Medical Interventions - how to take my blood, give injections, take temperature, medication, BP ECT

Heart (Heart problems)

Breathing (Respiratory problems)

Choking:

# Things that are really important to me

## Communication:

How to communicate with me

## Information Sharing

How to help me understand things

## Seeing/ Hearing

Problems with sight or hearing

## Eating (Swallowing)

Food cut up, choking help with feeding

## Drinking (Swallowing)

Small amounts, Choking

## Going to toilet

Continence aids

help to get to the toilet

## Moving around

Posture in bed Walking aids

## Taking Medication

Crushed tablets, injections, syrup

## Pain

How you know I am in Pain

## Sleeping

Sleeping pattern Sleep routine

## Keeping Safe

Bed rails, controlling Behaviors, absconding

## Personal Care

Dressing washing ECT

## Levels of Support

Who needs to stay and how often

Think about - what upsets you, makes you happy, things you like to do i.e. Watching TV, reading, music. How you want people to talk to you(don't shout). Food likes, dislikes, physical touch / restraint, special needs, routines, things that keep you safe.

Things I Like  
Please do this



Things I don't like  
Please don't do this

