

# All About Me



A person I trust that I would like you to contact in an emergency is:

.....



Their phone number is: .....



Their mobile number is: .....



I have a partner:

Yes 

No 



Do they live with me?

Yes 

No 

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I need help making choices and giving consent:

Yes 

Sometimes 

No 



Who I want to help me make choices or make decisions for me:

.....

My religious or cultural beliefs are:



.....

.....

.....

.....

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I have a carer:

Yes 

No 



I have children:

Yes 

No 



Their Nursery, School or College number:

.....



I have pets:

Yes 

No 

The pets I have are:

.....



The person who looks after my pets when I am not there is:

.....

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# All About Me



My GP's Name:

.....



GP's Address:

.....

.....

.....



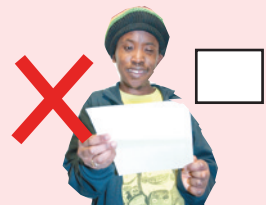
GP's phone number:

.....

I have an advance statement/ decision (this says what treatments I DO NOT want)



I do not have an advance statement /decision



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# All About Me



**My sleeping pattern**



**Food I like**



**Who I would like to  
support me**

