



# How to fill in your Health Profile Tool

**My Health Profile Tool**

This document gives you information that will help you to provide care for me. Please read it carefully and use the information it contains. Advice about completing and using this form can be found at: [www.jasarthweb@kthep.co.uk](http://www.jasarthweb@kthep.co.uk)

My name is: \_\_\_\_\_

I like to be known as: \_\_\_\_\_

My date of birth is: \_\_\_\_\_

In an emergency please contact: \_\_\_\_\_

Date this form was completed: \_\_\_\_\_

A photo of me can be put here

Your **Health Profile Tool** gives people information about you that will help them give you the right care at the right time.

This leaflet will help you understand how to fill in your Health Profile Tool.

Everyone is different so write about your health and the help and support that you need.

## Important things to remember:

Someone can help you fill in your Health Profile Tool if you want.

Check all your information every year. If something changes, change it on your health profile tool too.

For example, if your medicine or tablets change, write a new tool, change the medicine and the date you completed it.

Every time you change something, throw the old version away. Make sure you only have the right information about how you are now.

Write clearly and give clear information, so that other people can use the information quickly.

Take your Health Profile Tool to all your health appointments.



# How to fill in the Front Page



Fill in all the information.

You can put a photo of you on the front if you want to.

Every time something changes, change it on the tool and write the new date that you completed it.

# How to fill in page 2 - About My Health



## **My health needs (medical History):**

Write about things like;

Any health conditions, like epilepsy, dementia or diabetes.

Any health problems you often get, like chest infections.

Any major operations you have had.

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## **Things I am allergic to:**

Write about -

anything you are allergic to, like medicine, food or latex.

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## **Tablets or medicine that I take:**

Write about -

All your medicine, tablets, injections, inhalers.

When you take your medicine.

How you take your medicine.

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## **The support I need to take my tablets or medicine:**

Write about - Any help you need to take your medicine.

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## **How I will show you or tell you I am in pain or unwell:**

Some people can tell other people when they feel unwell or how much pain they are. Other people like to use pictures.

Some people show it in other ways, like sounds.

Write about how **you** show pain or that you are unwell.

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# How to fill in page 3 and 4 - How I need you to support me



## How I need you to support me:

Write about any help you need with things like:

Eating and drinking, and choking.

Using a toilet (continence).

Moving around (mobility) or falling.

Personal care, like washing or brushing your teeth.

Getting enough sleep.

Remembering things.

Walking away.

Seizures.

If you have a care plan, you could attach it to the Health Profile Tool.



## How we can best communicate:

Write about things like:

If you have any problems hearing or seeing.

If you use anything to help you communicate, like Maketon, symbols or pictures, objects.

If you need people to use short sentences and clear words.

If the way you communicate changes when you get anxious or worried, and how people can help you.



## Other important things I would like you to know about me:

Write about things like:

If you have any religious beliefs that are important to you.

If you have any plans, like a behaviour support plan, an epilepsy plan.

You might want to write contact details for any care workers, health professionals or family members who are important to you.



## Name of person completing this form:

If someone helped you fill in the form, write their name.

If you filled out the form, write your name.