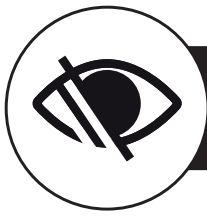


Information about me and my sight loss

PIF1951V2





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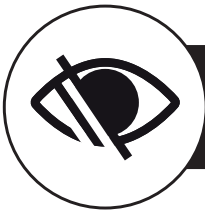
Introduction

For someone with sight loss, changes such as moving to an unfamiliar place or meeting new people who contribute to their care can be unsettling or distressing. This booklet provides information that can help you build a better understanding of who I am.

This information will help you support me in an unfamiliar place. The information has been completed by the individual(s) who know me best with my input.

The information should be reviewed regularly and changes made when needed.

This booklet is to be completed on the ward.



About me

1. Name I like to be called

- ♦ Enter your name on the front and the name you like to be called on the inside.

Name I like to be called

2. Where I live

- ♦ The area (not the address) where you live and how long you have lived there.

Where I live (the area, not my full address)

3. The carer/person who knows me best

- ♦ This may be a spouse, relative, friend or carer.

Carer/the person who knows me best

4. Things I would like you to know

- ◆ Include anything you like that is important and will help staff to get to know you and care for you e.g.
 - ◆ I have sight loss
 - ◆ I have never been in hospital before
 - ◆ I prefer female/make carers
 - ◆ I am right handed
 - ◆ I am allergic to
 - ◆ Other languages I can speak

Things I would like you to know

5. Things that worry or upset me

- ◆ Include anything you may find troubling e.g.
 - ◆ Family concerns being apart from a loved one
 - ◆ Physical needs such as being in pain, constipated, thirsty or hungry

Things that worry or upset me

6. Environmental factors that also make me feel anxious

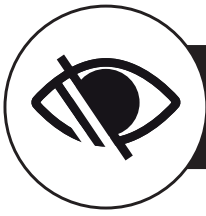
- ♦ List environmental factors that may also make you feel anxious e.g.
 - ♦ Open doors
 - ♦ Loud voices
 - ♦ The dark
 - ♦ Does sight vary markedly in different light levels
 - ♦ Unfamiliar places
 - ♦ Unsure if staff are speaking to me

Environmental factors that also make me feel anxious

7. What makes me feel better if I am anxious or upset

- ◆ Include things that may help if you become unhappy or distressed e.g.
 - ◆ Comforting words
 - ◆ Music
 - ◆ TV
 - ◆ Do you like company and someone sitting and talking with you or do you prefer quiet time alone?
 - ◆ Someone taking the time to explain things to me when I am unsure what is happening

What makes me feel better if I am anxious or upset



How we can communicate

8. My hearing

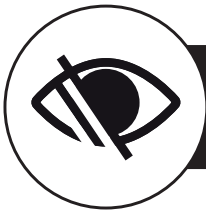
- ◆ Do you have a hearing impairment?
- ◆ Can you hear well or do not need a hearing aid?
- ◆ How is it best to approach you?
- ◆ Is the use of touch appropriate?

My hearing

9. How do you usually communicate?

- ◆ Include anything that may help staff identify your needs
 - ◆ Verbally
 - ◆ Accessible format of test - font size needed
 - ◆ How do you indicate pain, discomfort, thirst or hunger

How I usually communicate



Personal care

10. My personal care

- ♦ List your usual practices, preferences and level of assistance required in the bath, shower or other:
 - ♦ Do you prefer a male/female carer?
 - ♦ Do you need assistance with cosmetics, toiletries, shaving continence aids, teeth cleaning or dentures?
 - ♦ Help to identify different products
 - ♦ Do you have particular care or styling requirements for your hair?

My personal care

11. My mobility

- ♦ Are you fully mobile or do you need help?
- ♦ Do you need a walking aid?
- ♦ Do you use a long cane?
- ♦ Are you a guide dog user?
- ♦ Is your mobility affected by surfaces?
- ♦ Can you use the stairs?
- ♦ Can you stand unaided from a sitting position?
- ♦ Do you need handrails?
- ♦ Do you need a special chair or cushion, do your feet need raising to make you comfortable?
- ♦ What physical activity do you take?

My mobility and mobility issues

12. My sleep

- ♦ Include usual sleep patterns and bedtime routines:
 - ♦ Do you like the light left on?
 - ♦ Do you find it difficult to find the toilet in the night?
 - ♦ Do you have a favoured position in bed, special mattress or pillow?

My sleep

13. How I take my medication

- ♦ Do you need help to take medication?
- ♦ Do you prefer to take liquid medication?

How I take my medication

12. My eating and drinking

- ◆ List any special dietary requirements or preferences including being vegetarian, and religious or cultural needs. Please include information about your appetite and whether you need help to choose food from a menu.
 - ◆ Do you need assistance to eat or drink?
 - ◆ Can you use cutlery or do you prefer finger foods?
 - ◆ Do you need adapted aids such as cutlery or crockery to eat and drink?
 - ◆ Does food need to be cut into pieces?
 - ◆ Do you wear dentures to eat or do you have swallowing difficulties?
 - ◆ What texture food is required to help - soft or liquidised?
 - ◆ Do you require thickened fluids?

My eating and drinking

Other notes

14. Other notes about me

- ♦ Include additional details about you that are not listed above and help to show who you are e.g.
 - ♦ Expectations and aspirations you have.

Other notes about me

Date completed / reviewed

By whom

Relationship to person

☐

I agree that the information in this leaflet may be shared with health and social care professionals.

Further information

**If you need any further information please contact
Corinna Swift
The Eye Clinic Liaison Officer (ECLO)**

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Author: St Paul's Eye Unit

Review Date: August 2024

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically

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