

# CONFIDENTIAL

## Patient profile

To be kept at patient's bedside

**Name:**

**Hospital number:**

### Guidance notes

**If you would like to, please help staff to get to know you by completing this simple form. It can be completed by yourself, your relatives or carers. It is about you as a person and can be used in most healthcare areas.**

The form belongs to you, so please leave it at your bedside, as it will be viewed by staff looking after you. If you decide the form is no longer needed then please take it home. If you need to come into hospital again, please bring this form with you. Write as much detail in the oval sections overleaf as you want to share with us; key words will help the staff to view the form quickly. Additional information you may want to share can be added on the back of this form. It may be helpful to bring in a photo, for instance of yourself, family, friends or pets, and place it at your bedside.

**Please use this extra space to add in anything else you think we should know about you.**

*Also tick on the oval section page that you have added this to remind staff to view this information.*

**I agree this information can be shared with the staff helping me**

Signed

Date

**This information was provided by**

Name

Signed

Relationship

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Preferred food / drink

My hobbies/interests

I like to be called

My personality

Favourite TV programmes and music

My fears

I live with  
My family

I'm left / right handed

I wear glasses: never / reading / all the time

Pets and others

I have hearing aids: none / left / right / both

First time in hospital?

I have dentures: yes / no

Before retirement / my work

Before I sleep I relax by  
My sleep pattern  
Preferred side of sleep

Spiritual



Please tick box if additional information is added