

Action for Carers Surrey –

All about us

A record of the needs of the person you care for and how you support them

Carer's name

Cared for's name.....



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Introduction

How can writing down what I do help?

As carers we like to think that we will always be there when needed but sometimes this is not possible. This could be for many reasons, such as:

- You may become very unwell very suddenly or be injured and be unable to carry out your usual caring role even if you are not in hospital.
- Unplanned admission to hospital following an accident or a medical emergency
- You may have a domestic emergency which must be dealt with (i.e. fire, flooding)
- Family emergency, such as a relative or other dependent being taken ill or a death in the family
- Breakdown of care arrangements

This 'All about us' form is designed to help in any of the above situations.

By completing the form, you have peace of mind that there is something in place if you cannot provide care for whatever reason, and you know that if something happened, the person you care for will be properly supported at the earliest opportunity.

Completing this form

You can get assistance to help you complete this form by making an appointment with one of our Advisors.

Once you have completed this form, as well as keeping it in a safe place and telling others about it (see below), please remember to keep it updated. Things do change over time.

If there is a young person also providing care in your family (or who you've listed as a contact), please make sure that their school knows about this.

This form is all about the person you care for. But if you have a pet, there is a section at the back, for any other important considerations you may wish to include.

Appointing people to help

If you have family, friends or neighbours that might help out if you were unable to, then include them on this form. Think of those who you are most likely to rely on for support.

It is important they sign to confirm they understand that they may be called upon, and agree to their information being shared with other professionals (though this would usually be on a need-to-know basis.).

Making sure others know about this form

Of course, having all this written down is one thing, other people knowing about it is another.

You should:

- Keep it in a safe place in your home, perhaps with other important documents, that might be used by other professionals who visit your home (health workers etc).
- Give a copy to those you've listed as contacts on the form, and perhaps some additional people, such as neighbours, or other relatives.
- Give a copy to your GP (ideally you have already told your GP that you are a carer – so should anything happen, your record will show that you are caring for someone.)

We hope that you will never find yourself in a situation where you need to use your Form. However we trust that having made these arrangements, it will give you 'peace of mind'.

Crossroads: Emergency Support

Charity Crossroads Care Surrey have support to help in an emergency.

Firstly, you can register with Crossroads for its Emergency Service. You can use this All about us Form to help you when completing your registration. This will give you a special card to let others know you are a carer in case of emergencies and emergency support for up to 48 hours.

If you need a referral for this service, then contact us, but you can go direct.

More information here <https://crossroadscare Surrey.org.uk/emergencycareplanservice/>

You can also request a Carers Card, which lets others know that you're a carer, and provides some discounts.

To order, email enquiries@crossroadscare Surrey.org.uk or call 01372 869970.



Section 1: GENERAL DETAILS

Date updated: __ __ / __ __ / __ __ __ __

My name is:

The name of the person I care for is:

They like to be called:

Their address is:

Postcode:

Their date of birth is:

They can be contacted by:

If you need to gain access to the property where the person I care for lives, a key is held by:

Name:

Home tel:

Mobile:

Address:

Postcode:

Section 2: KEY CONTACTS

If I am not able to provide care, please contact one of the following, who are listed in order of preference:

Contact 1

First name:

Last name:

Address:

Home tel:

Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that my details can be shared on a need-to-know basis with other professionals.

Signature:

Do they have keys to your house? YES NO

Contact 2

First name:

Last name:

Address:

Home tel:

Mobile:

Work tel:

Relationship to the cared for person:

I agree to be contacted in an emergency to provide support and that my details can be shared on a need to know basis with other professionals.

Signature:

Do they have keys to your house? YES NO

Does the person you care for currently receive support from a Care Agency, Personal Assistant or Private Carer?
YES <input type="checkbox"/> NO <input type="checkbox"/>
Provider/Agency Name:
Address:
Tel:
Email:
Important Notice: The care provider may be contacted to provide support in the event of an emergency.

Section 3: DETAILS OF DEPENDENT CHILDREN OR YOUNG CARERS IN THE HOUSEHOLD

First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>
First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>

First name:
Last name:
Date of birth:
Please tick relevant box: Helps out with caring <input type="checkbox"/> Is a dependent <input type="checkbox"/>
Will the needs of the children also be met by the emergency contacts in this form? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, is there anyone else we should contact? (please give details below)
Name:
Address:
Home tel: Mobile: Work tel:
Email:
Relationship to you:

Section 4: LEGAL DOCUMENTS		
Lasting Power of Attorney (LPA) :		
I have LPA (Finances):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have LPA (Health and Wellbeing):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have a Court of Protection:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Held by:		
I have Deputyship:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Held by:
Statement of Assets: this is attached to this document
Held by:

Section 5: GP DETAILS

My GP is: Dr

The Practice name is:

Telephone number:

Practice Address:

The GP of the person I **care for** is: Dr

The Practice is called:

Telephone number:

Practice address:

The pharmacy who usually dispenses the medication for the person I care for is:

Pharmacy address:

Telephone number:

A list of the medications is at the end of this form – This is so that it can be more easily updated without having to write other details in this form again.

There is a Message in A Bottle in the fridge
Yes No

Section 6: MEDICAL DETAILS

Does the cared for person experience any of the following:
(please tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Swallowing difficulties | <input type="checkbox"/> Stroke / TIA |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Renal problems |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Autistic Spectrum | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Poor mobility |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Breathing difficulties | <input type="checkbox"/> Prone to falls |
| <input type="checkbox"/> Requires oxygen | <input type="checkbox"/> Wheelchair user | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Mental Health Problems | | |

Other (please specify) e.g. other medical condition, any allergies the cared for person may have or other medical information you think is important:

Section 7: COMMUNICATIONS

Cared for people often maintain they can care for themselves and everything is fine. If they are asked questions, can their replies generally be relied on?

Yes No

Please give any notes about their communication e.g. language, interpretation, repeat words, speak slowly, write things down, etc.

Section 8: HEALTH TASKS

Does there person you care for need support with nursing tasks
E.g. wound care, injections etc? Yes No

Please describe the type of task, frequency and who carries out the task

Section 9: MOVING & HANDLING

Does there person you care for require assistance with moving and handling, e.g. transfers?

Yes No

Please describe the type of task, frequency and who carries out the task.

Moving around the home:

--

Transfers:

--

Getting out & about

--

Section 10: EQUIPMENT

Does the cared for person use mobility aids?

(E.g. hoist, frame, commode etc.)

If yes, please give details:

Section 11: SAFETY DURING THE DAY & NIGHT

During the **DAY**, how long (if at all) can the cared for person be left on their own?

Details:

During the **NIGHT**, how long (if at all) can the cared for person be left on their own?

Details:

Section 12: BEHAVIOUR ISSUES

The person I care for has the following behaviour issues:

The best way to calm them down is:

The best way to break them bad news is:

Continued on a separate sheet? Yes No

Section 14: WHAT DO YOU DO FOR THE PERSON YOU CARE FOR?

Please tick to select the relevant box.	Day	Night	
Personal care (e.g. dress, wash, toilet eat/drink)			
Health needs (e.g. dressings, injections)			
Moving and Handling (e.g. helping with getting in/out of chair/bed, walking)			
Safety during the day/night			
Life Planning/management (e.g. dealing with letters/services, managing finances)			
Emotional Support (e.g. providing company/dealing with crises)			
Day to day activities (e.g. meals/laundry/transport outside the home/leisure)			

Please use this space to give more details about the care and support your provide or details of anything else not included:

Section 15: THE PERSON YOU CARE FOR – LIKES AND DISLIKES

To help the person providing replacement care, LIST THE MAIN LIKES AND DISLIKES and EVERYDAY PREFERENCES of the person you care for (e.g. meal times, types of food, daily activities, etc.):

--

Section 16: MEDICATION:

Does the person you care for take regular medication? Yes No

To help the person that may be providing replacement care, list all the medication taken by the person you care for, where it can be found, what time it should be taken and by what method (e.g. with water, with food, or by injection) etc.

Is a dosette box used ? Yes No

It is prepared by me / the pharmacy

Where is the dosette box kept in the home?

Where are the medications kept:

Other information about medication:

Non- medical supplements:

Medication / supplements name	Where it is kept	Time to be taken	How to be taken

Section 17: ADDITIONAL NOTES

Use this section to add any other important issues that should be considered, for example, about any pets you may have.

Section 18: WHO HAS A COPY OF THIS FORM?

The following people and agencies have a copy of this form which I need to contact with any updates and additional information.

Name	Contact details	Date of last update	Date of last update

Carer's name (block capitals)	Signature	Date
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Action for Carers Surrey

We provide information, advice and support for carers of *all* ages, right across Surrey.

Our support includes benefits advice, advocacy, guidance on moving and handling, workshops, events, support groups, drop-in Hubs across Surrey, resources and more — giving carers a little time out and helping them feel less stressed, and more in control.

We have specialist support for young carers and also provide training and support for professionals working with carers.

Find out more at www.actionforcarers.org.uk

Action for Carers Surrey

Call us on 0303 040 1234; email
CarerSupport@ActionforCarers.org.uk
Text on 07723 486730

www.actionforcarers.org.uk



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