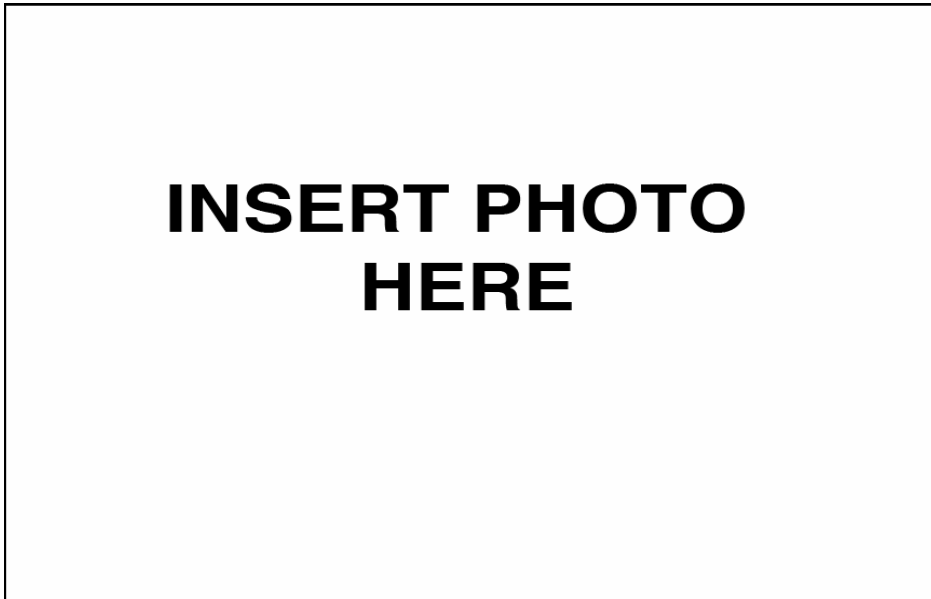




Care Plan:



*I'm*



*& this is  
all about me!*

*I ask you to please read this information to best  
care for me.*

Information correct as of

## *Personal Details*

---



My name is

My birthday is on the

And I live at

My phone number is

My Mum/Dad/Grandparent/etc name is

You can contact Mum/Dad/Grandparent/etc on

I have \* *insert diagnosis here* \*

You will find information on this included.

### **In the case of an emergency...**

My Healthcare number is:

My Medicare Number is:

My UR number is:

If you can't get in touch with Mum/Dad/Grandparent/etc then please try the following people...



Emergency Contact 1-

Name:

Number:

Relationship to me:

Emergency Contact 2-

Name:

Number:

Relationship to me:

## *Personal Details continued....*

---



I go to: \* School Here \*

My Teacher's name is:

The address is:

The phone number there is:

My bus driver's name is:

I am on bus route: no#

My Case Managers name is:

She is with:

You can contact her on:

# Support Requirements

---

## My Medical History

If I need to go to hospital, I would prefer you send me to:  
\* List Hospitals Here \*



My Doctors are...

General Practitioner: \* Add Name and Contact Details \*

Paediatrician: \* Add Name and Contact Details \*

---

## Medication-

I take: \* Medication name and what its taken for \*

\*Below list how and when the medication is taken \*

I have my tablets whole with either my food or a drink.

I have them in the morning and at night.

I have no Allergies. \*Change if applicable\*

# Support Requirements

---

## My Interests



These are all of the things I like....

- 
- 
- 
- 
- 
- 
- 



I live with my:

# *Support Requirements*

---

## *Safety Issues*

(Eg: Need one on one care at all times)

## *Road Sense*



## *Fire Sense*



## *OH & S concerns*

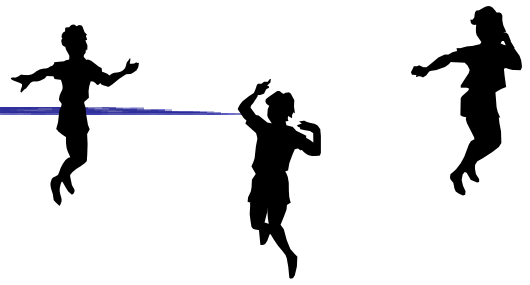
# *Support Requirements*

---

## *Communication*



# *Support Requirements*



*Mobility*

*Walking*

*Travel*



# *Support Requirements*

---

## *Behavioural Support*

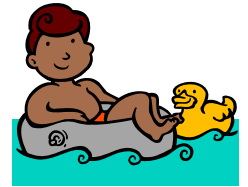
**eg: Escape Artist**



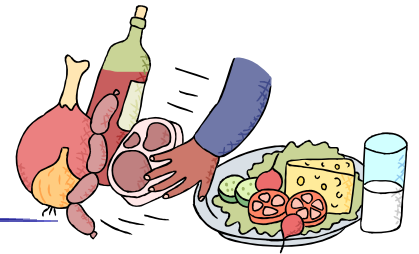
**eg: Water Baby**









*Behavioural Support continued...*



# Support Requirements



## Dietary Support

Intake	Breakfast	Morning-tea	Lunch	Afternoon-tea	Dinner	Evening
<b>Breads/cereal</b> 						
<b>fruit/vegetables</b> 						
<b>pasta</b> 						
<b>meat</b> 						
 <b>dairy</b>						
<b>Drinks</b> 						
<i>Other</i>						

*Dietary Support continued...*

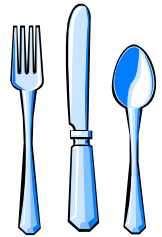
*So that I can enjoy my food, please help me by...*

*When I drink...*



*When I eat...*

*Please help me by*



*I really like...*



*I really don't like...*

# Support Requirements

---

## Personal Care Support

In regards to my personal care, I am going to need you to help me in the following areas.

Please remember to always treat me with dignity and respect.

## Showering/ Bathing

I will need help with...

- 
- 
- 



## Dressing



## *Personal Care Support continued...*

### Shoes

- 
- 
- 



### *Grooming*

- 



# Support Requirement



## Toileting & Bowel Care

### Toileting

- 
- 
- 
- 

*I normally go to the toilet.... (Tick Appropriate)*

1 x day	2 x day	4 x day	every 2 <sup>nd</sup> day	every 3 <sup>rd</sup> day	other
---------	---------	---------	---------------------------	---------------------------	-------

*I prefer to go....*

Upon waking 6.30-7am	after breakfast	mid morning	midday	afternoon
Evening	after dinner	before bed	other times	<b>There is no specific time</b>

*For me to open my bowels, I like to....*

Sit on the toilet	
Sit on the commode chair	
Lay down	
other	

# Support Requirements

## Bedtime Support

After dinner I like to...

- 
- 
- 
- 
- 



*I sleep in (Appropriate box ticked)*

a regular bed, with a regular mattress	<input type="checkbox"/>	a regular bed with a concave mattress	<input type="checkbox"/>	a high-low bed with a concave mattress	<input type="checkbox"/>
a mattress on the floor	<input type="checkbox"/>	a regular bed with pillows under the edge of the mattress	<input type="checkbox"/>	a high low bed with the head of the bed raised	<input type="checkbox"/>
other at home I use cotsides on my bed.					

*For me to be comfortable in bed, I like....*

a blanket	<input type="checkbox"/>	the light left on until I'm asleep	<input type="checkbox"/>	the door left open	<input type="checkbox"/>
a doona	<input type="checkbox"/>	the light turned	<input type="checkbox"/>	the door left ajar-once asleep	<input type="checkbox"/>
1 x pillow	<input type="checkbox"/>	a night-light on – until asleep	<input type="checkbox"/>	the door closed	<input type="checkbox"/>
2 x pillows	<input type="checkbox"/>	to be read a story before going to bed	<input type="checkbox"/>	to have soft music on	<input type="checkbox"/>
other-					

## *Bedtime Support continued....*

### *Over night I will need....*

to be checked on every hour		I do not need to be checked during the night		my nappy changed over night	
to be checked on every 2 hours		to be turned / repositioned every 2 hours		I am disturbed by light	
to be checked on once a night		to be turned / repositioned every 3-4 hours		I am disturbed by noises	
other				<b>I am a sound sleeper</b>	

If I wake during the night can you please....



## *Routine*

**On any normal day, my day looks like this....**

### *Mornings*

- 
- 
- 
- 
- 



Just a tip..

*Midday*

- 
- 
- 

*Afternoons*

- 
- 
- 
- 

*Evenings*

- 
- 
- 
-