

IMPORTANT INFORMATION ABOUT THE PERSON FOR WHOM I CARE

- *This form is designed to capture information about the care that is being provided to someone informally, by a friend, relative or neighbour. It should be completed by the person who is the carer either together with the person they care for or separately in order to have key information readily available about the support that you personally provide.*
- *The information in this document is relevant to the person(s) you care for and would help others step in and cover the care you provide should you become unwell or die. In particular this would help if the person you care for is unable to communicate or understand their own needs and/or other services are not currently involved in meeting health and social care needs.*
- *This document is to be used in conjunction with other emergency planning documents that may be relevant for your circumstances. If you would like to complete a more detailed emergency plan options include <https://ucp.onelondon.online> or talk with your allocated Social Worker or GP.*
- *Please provide relevant information about the support you provide and make sure you keep an up-to-date copy with you at all times as well as a copy visible at both the person's home and your own home if you live separately so it can be easily identified by health and social care professionals where needed.*
- *Not all sections of this document will be relevant to you. It is important however, to think about any aspects of the life of the person for whom you care where they may need support or assistance if you were unable to provide that care. If you would like help completing this, please contact Richmond Carers Centre on **020 8867 2380** and a Carer Support Worker will talk you through it.*

IMPORTANT INFORMATION ABOUT THE PERSON BEING CARED FOR

(Complete a separate form for each person you care for)

1. Details of the person being cared for:

Name:

Address:

Contact number:

2. Carer details:

Name:

Address:

Contact number:

Relationship to the person you care for:

3. Who to contact in an emergency (someone who may be able to step in and help the person you care for/ care for you – friend, family, neighbour):

NB: It is important that they know you have listed them as a contact in case of emergency and may be helpful for them to have a copy of this document

Emergency contact 1:

Name: Relationship:

Contact details:

Do they have particular responsibilities e.g. Power of Attorney, Next of Kin?
Please state these here

Emergency Contact 2:

Name: Relationship:

Contact details:

Do they have particular responsibilities e.g. Power of Attorney, Next of Kin?
Please state these here

You may list more contacts on a separate page and secure it to this document

4. Health needs of the cared for person:

Health condition and how it affects the person you care for:

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Medications:

Name of Medication	Dosage	Frequency i.e. daily morning

Where is medication kept:

Other treatments - What is needed and when:

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Details of allergies:

5. Details of GP and Pharmacy:

GP Surgery: Contact number:

Pharmacy address: Contact number:

6. Summary of Care and Support Network:

Professionals involved in care and support (Social Worker, District Nurse, Specialist Nurse, Support Workers etc):

Names (if known):	Contact details (if known):
1.....
2.....
3.....

Other friends, neighbours, family involved (may be the same as the emergency contacts provided):

Name: Relationship:
Contact details:

You may list more contacts on a separate page and secure it to this document

7. Details of support provided to the cared for person by the carer (this is the support that you provide yourself not the support provided by paid care workers (please describe the help you provide):

Emotional and Social Support (how and when):
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Mobility/ getting from one place to another:
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Accessing the toilet or use of continence products:
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Preparing drinks/ meals/ snacks and dietary management:
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Washing/ dressing:

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Assisting with taking medication (how and when):

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Household management (cleaning, rubbish out, laundry etc):

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Finances and bills (attach additional information relating to bank accounts, solicitors, service providers if you feel it would be helpful):

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Shopping (attach shopping list if this would help):

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Details and location of essential items:

E.g. Continence products, Mobility aids (walking stick, frame, wheelchair etc),
Glasses, Hearing Aids, Communication Aids, Keys

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Other key information:

Eg. Where is financial information kept, is there a hospital bag, important
personal items (photographs, books etc)

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8. Lasting Power of Attorney (if relevant):

Finances:

Welfare:

Name:

Relationship:

Contact:

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9. Communication needs: (e.g. speech, hearing, understanding, time of day, language)

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10. Preferences in the event that these were unable to be communicated:
(E.g. Food, clothes, toiletries, daily routine, favourite things, last wishes)

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11. Where would the cared for person like to receive care and support if the carer is unable to continue in their caring role? (e.g. hospital, care home, own home, with a friend, neighbour or family member)

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12. Any other relevant information (including measures in place to keep the person you care for safe from themselves and others):

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Completed by:

Signed: Date:

Print Name:.....

Please do not hesitate to contact others for support at this difficult time. There are many organisations and individuals wanting to help in any way they can.

Thank you for all your incredible hard work and amazing resilience as always.

Richmond Carers Centre

Support and advice line: 020 88672380

Email: support@richmondcarers.org