

ABOUT YOU



eastwaycare.co.uk



Eastway is a service for people with learning disabilities, physical disabilities and complex health needs.



Eastway offers:

- **Service base group work**
- **Community support**
- **Project based group work**
- **Multimedia support**



This form is nothing to worry about. You can stick in pictures and photos or use words.



Eastway needs to know this so that we can work with you.

Use more sheets of paper if you want to.



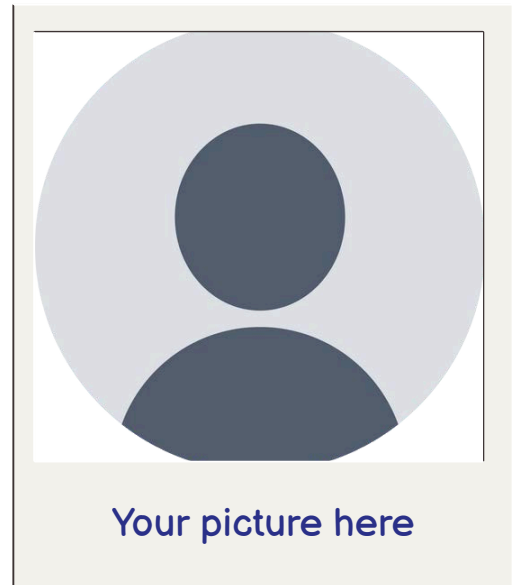
About me

Name:

Born on.....

I live at

.....



Home Tel: Mobile Tel:

Emergency name and number:

Email:

My doctor is.....

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My vaccination status is:

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My National Insurance Number is:



Circle of Support



My family are:

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The language they speak is:



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They can be contacted at:



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Circle of Support



My friends are:

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My Advocate is:



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My Social Worker is:



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My Keyworker is:



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Circle of Support



I have respite at:

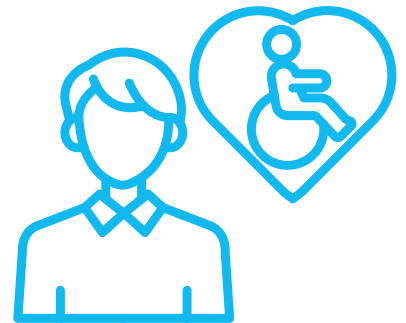
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The person who has deputyship over me is:



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My attorney is:



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Circle of Support



Other people who are important to me:

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Communication



I communicate in the following way:

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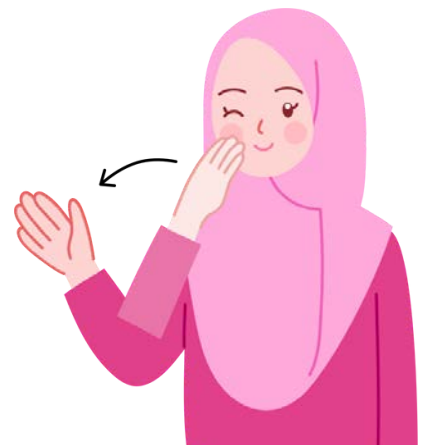
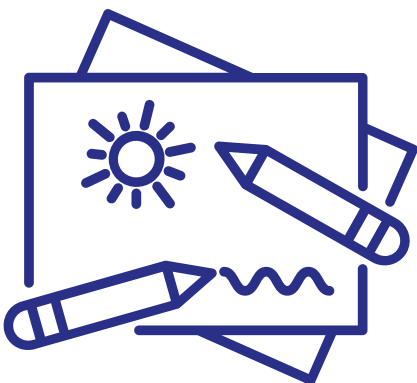
Things that help me to communicate are:

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Communication

What makes me happy?

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What makes me laugh?

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What makes me angry?

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What makes me sad?

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What makes me scared?

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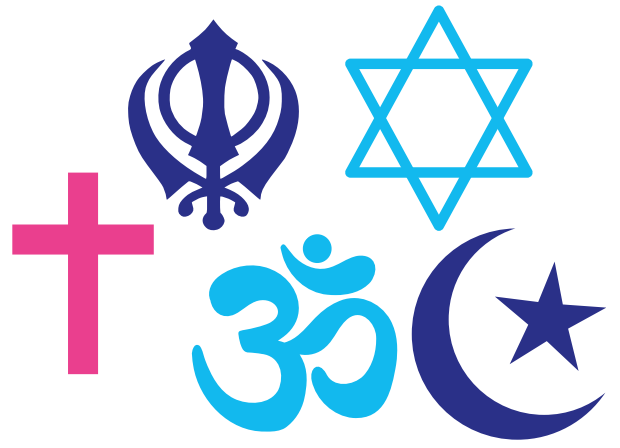


What makes me worried?

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Culture



My beliefs, religion and culture are:

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My preferred diet is:

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Health

The important things about my health are:

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My prescribed medication is:

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Other medicines I take are:

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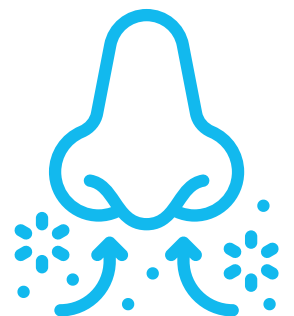


My allergies are:

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Health

The way that I move about is:



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My Occupational/Physiotherapist is:



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The things I worry about are:



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Other risks:



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Things I am good at

The things I am good at are:

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The things I might need help with are:

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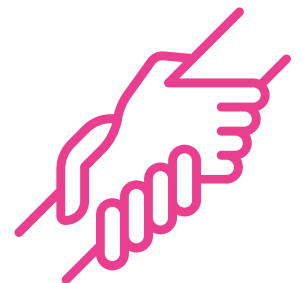
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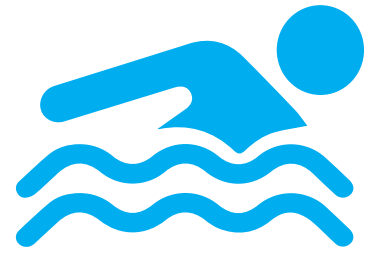
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Things I like

The things I like are:



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The help I need with the things that I like is:



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Risks

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Things I Don't Like



The things I do not like are:

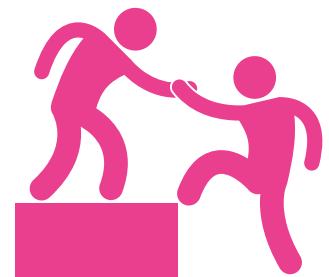
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The help I need with the things I don't like is:



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The things I would like to try are:



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Risks

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What I do now



The way I look after myself is:

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The help I need with the way I look after myself is:



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Risks

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What I do now

The way I spend my time now is:

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The help I need with the things I do now is:

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Risks

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What I do now

My interest in education is:



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My interest in work is:



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The help I need with education and/or work is:



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Risks

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The next step

Date	Action	
Eastway Action	Whom	

Signatures

My Signature



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Supporting signature

(if somebody else completed the form on your behalf)

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Signature of person from Eastway



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Date

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Risks

Monitoring Form

Risk Assessments to complete before the start of services at Eastway	