



# Getting to know you



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of Technology

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## About this booklet:

This booklet has been developed for use with the Transition Support – Person Centred Care Program. It provides both materials for assessment and a means of communication about the person moving into residential respite care.

**Assessment:** use this document as a guide to all of the information required to develop the transition tools for the person with dementia transitioning into residential respite care. The social history information can be used to develop the memory book and wall poster, while the care information can be used to guide the development of the lanyard cards and care chart card.

**Information:** The completed “*Getting to know you*” booklet can be kept in the respite resident’s room as a ready source of information for staff.

*See the TS-PCC Manual for further information.*

# Introducing

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Name

Insert current photo taken at first meeting. Ensure care recipient is wearing or has with them any aids eg glasses, walking stick, walking frame

I like to be called: \_\_\_\_\_

I am \_\_\_\_\_ years old.

In an emergency please call \_\_\_\_\_

on \_\_\_\_\_

# Important people in my life

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I live at home with

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Who is my

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I am / am not married.

We were married on \_\_\_\_\_

I met my partner (Where/when/how)

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We have \_\_\_\_\_ Children

Their names and ages are:

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We have \_\_\_\_\_ grandchildren.

Their names and ages are:

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I like to do these things with my family

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Do all of your family members know that you are having a respite care stay

Yes    No

Please describe any family issues that may affect your time in respite care:

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# When I was younger

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My parents' names were/are

Mum \_\_\_\_\_

Dad \_\_\_\_\_



Places I lived growing up

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The jobs my parents had

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I have \_\_\_\_\_ sisters and \_\_\_\_\_ brothers

Their names are:

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I still see

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I went to school at

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My favourite subjects were

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I left school when I was \_\_\_\_\_ and started

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Places I lived as an adult

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The jobs I have held are

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My most recent job was as

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I stopped working when

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# Things I like to do for fun

My hobbies include

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I like to play or watch

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To relax I like to

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My favourite holidays have been to

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I like to holiday with

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## Cultural and spiritual beliefs

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I consider myself to be (nationality)\_\_\_\_\_

Some traditions that I like to keep are

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I consider myself to be a (religious belief)\_\_\_\_\_

I practice my religion in the following ways

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I still like to celebrate (name and describe the celebration)

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## The most amazing things happened to me!

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The things that I am most proud of are:

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I have received the following awards:

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# To help you understand me

## Nutrition

I do / do not have dentures

- I have an upper / lower / partial plate

I do / do not need help to clean my teeth



### **Usual meal times:**

Breakfast \_\_\_\_\_

Morning tea \_\_\_\_\_

Lunch \_\_\_\_\_

Afternoon tea \_\_\_\_\_

Dinner \_\_\_\_\_

Supper \_\_\_\_\_

I am able to eat

- a full diet       a modified diet (please specify)

\_\_\_\_\_  
\_\_\_\_\_

My favourite foods are

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foods I am allergic to

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I really don't like to eat

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When I eat please make sure that

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# Communication

I do / do not wear hearing aid

- A hearing aid in left ear / right ear / both ears

I do / do not wear glasses:    Reading    Distance    Both

I need help to:

- remind me to wear the hearing / vision aids
- put my hearing / vision aids on
- keep my hearing / vision aids safe



When you talk to me please

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When I talk to you please

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## Mobility

To move around, I need to use:

- nothing, I walk independently
- a walking stick
- a walking frame/wheelie walker
- crutches
- a wheel chair
- I am not able to move around independently

Describe type of assistance needed to mobilise

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## Hygiene / Elimination

I usually like to:

- Shower
  - daily
  - second daily
  - as needed
- Have a bath
  - daily
  - second daily
  - as needed
- Have a wash
  - daily
  - second daily
  - as needed

Preferred time:  a.m.  p.m.

I need help to:

- Just point me in the right direction I can do the rest myself
- Gather my toiletries and clothes
- Undress and dress
- Shave
- Wash just my back and feet and I can do the rest
- Wash
- Dry myself

When I need to go to the toilet

- I need no help
- I need help to find the bathroom
- I need to be reminded to go
- I need help to adjust my clothing
- I need help to clean myself



Describe type of assistance needed

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62. In case of an accident I wear

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Describe continence aids

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**Rest and Sleep**

I usually go to bed at \_\_\_\_\_

I usually get up at \_\_\_\_\_

I like to have a rest at \_\_\_\_\_

I prefer to have a rest

- in my bed
- in front of the TV
- in a chair



Before I go to bed I like to

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# Special Instructions

I get very worried/anxious/sad when

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You will know if I am worried/anxious/sad if

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To help me feel better I usually

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I can get very angry if

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You will know I am angry if

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To help me feel better I like to

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The things that worry me most about coming to respite are:

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The things that worry my carer the most about me coming to respite are:

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Situations that should be avoided because in the past I have become very distressed are:

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During my stay I will need the following specialised cares (e.g. dressings, BSL reading, complicated medication regimes)

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During my stay, please contact my carer:

- for all concerns, day or night
- during the day only unless life threatening
- only if it is life threatening



