

## Personal View of Your Needs

Name:

NHS Number:

Address:

Adult & Community Services Reference:

This form - the **Personal View of Your Needs** - is for you to make any notes about what you would like to discuss at your meeting with the health or social care worker. Think about what your problems are, the significance of these, the length of time experienced and any potential solution you would prefer.

A meeting has been arranged as follows.

Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Where: \_\_\_\_\_

If you want to discuss anything before the visit, please contact the person below:

Name: \_\_\_\_\_

Organisation and role: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

You do not need to fill in every box. Leave blank if it is not relevant to you and only include as much detail as you want to.

## Section 1 - Physical health needs

Describe briefly any illness or disabilities that cause you problems in your day-to-day life. Have you any concerns about neglecting yourself? Do you have difficulties with any of the following?

**Breathing** - Shortness of breath, asthma or any other breathing difficulties?

**Pain** - Do you have any pain that affects your ability to complete normal activities of everyday life?

**Skin** - Do you have concerns about any rashes, sores, cuts, bruising or itching?

**Foot care** - Do you have any problems with your feet that affect your ability to manage your life?

**Eating, drinking and swallowing** - Do you have any difficulties with eating, drinking, swallowing or chewing your food?

**Medications** - If you take medications, do you have concerns about any of these or their side effects? Please have your medications to hand during assessment.

**In general** would you say your health is:

Excellent     Very Good     Good     Fair     Poor

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### Consider Your Healthy Living

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Do you smoke?    Yes     No

If yes, how many per day?

Do you think you are smoking too much?    Yes     No

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Do you drink alcohol?    Yes     No

If yes, how much alcohol do you consume per week?

Do you think you are drinking too much?    Yes     No

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Have you noticed any change in your weight recently?

Increasing?     Decreasing?     About the same?

Do you take regular exercise?    Yes     No

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## Section 2 - Personal care and daily routines

Describe briefly your normal day's activities and outline any areas that cause you difficulty in your day to day life.

**Getting In/Out of bed** - Describe any difficulties on waking, such as focusing/ finding glasses, getting in and out of bed.

**Washing** - Describe any difficulties managing your personal care.

**Bathing/showering** - Do you feel safe washing yourself and/or getting in and out of your bath?

**Using the toilet** - Do you have any difficulties getting to the toilet, urgency or incontinence? Do you suffer from loose bowels or constipation? Would you like some dietary advice or practical help?

**Hair care/personal hygiene** - Do you have any difficulties managing your hair? Do you have any scalp or hair irritation?

**Dressing** - Do you have difficulties dressing or undressing?

**Teeth** - Do you have any difficulties with your teeth, caps or dentures?

**Cooking/Food preparation** - Do you have difficulty preparing regular meals, each day?

**Housework and laundry** - Do you have difficulties keeping your house and clothes clean?

**Shopping/Worship** - Do you have difficulty getting to the post office, shops or your place of worship?

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## Section 3 - Sensory

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Describe briefly any sight, hearing or communication difficulties you have and how this affects you day to day. Can you use or hear the telephone or your doorbell? Can you read the letters/figures on the telephone dial? Can you watch TV and listen to the radio? Can you read bills, newspapers, books and write letters? If you wear glasses, are they bifocals? Are you concerned about having an accident due to poor eyesight?

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## Section 4 - Emotional well-being

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**Sleeping patterns** - Do you have any difficulties sleeping? Are you experiencing changes in your sleep pattern that worry you?

**Confidence and disorientation** - Do you ever feel disorientated, confused, about places, people or the date? Have you had a recent loss of confidence, or had feelings of uselessness or being a burden to others?

**Memory loss** - Have you any difficulties with your memory/thinking clearly?

**Depression** - Do you feel depressed? Is there anything in your life that makes you feel low or depressed? Do you feel that your life has purpose? Have you discussed this with your GP? Has s/he given you any medicines to help?

**Other mental well-being issues** - Do you feel that your life has purpose/meaning? Do you have difficulty managing your life, for example a fear of going outside? Do you repeat tasks caring for yourself or your home? Do you ever want to hurt yourself, deliberately?

**Bereavement and loss** - Have you experienced any unsettling life events recently, for example, death of someone close to you, illness or loss of a much loved pet?

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## Section 5 - Relationships

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**You, your family, and friends** - Do you live alone? Think about your home and the people who care for you and those who visit you regularly. Do you get on with all the people who live with you? Do they look after you well?

**Carer support** - Do you have any relatives, neighbours or friends who care for you? Do they care for you well, and do they understand your needs? Do you have any concerns if left alone?

**Pets** - Do you have any difficulties looking after your pets?

**Social contacts** - Have there been any changes recently in your close relationship with your family or social contacts? Have you moved house recently?

**Childcare/parenting/other caring responsibility** - Do you have parenting or other caring responsibilities? Do you get support from people who live with you?

Do you want to discuss any of this further?

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## Section 6 - Mobility and transport

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Have you any mobility or transport problems that cause you difficulties getting around your home, or out and about?

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## Section 7 - Accommodation

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**Location and Accommodation** - Do you have difficulties managing in your present home? Do you have difficulty managing your garden?

**Keeping warm** - Do you have problems keeping yourself warm at home?

**Immediate access to and within accommodation** - Do you have any difficulties with access to your home such as steep steps, lighting, slippery paths, shared access, lifts that do not work, or other concerns?

**Amenities of the accommodation** - Do you have concerns that any equipment within the premises is unsafe, particularly gas, electrical appliances cooking facilities or lighting?

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## Section 8 - Accident / security

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**Falls and accidents** - Have you had any falls or accidents in the past six months? Are you able to summon help when needed? Do you often have little knocks or near misses?

**Security** - Do you have any concerns about your security in and around your home, and/or with people who come into your home?

**Safety** - Do you have any concerns about the safety of yourself or other people who you come into contact with?

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## Section 9 - Employment and leisure

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**Help finding work or training** - Are you experiencing difficulties finding or keeping work? Would you like some help with finding a job or training course? Do you have physical or learning disabilities? Do you have difficulties in accessing work or training? Do you have any caring or parenting responsibilities that limit your abilities to find or keep work?

**Your leisure activities (pastimes and hobbies)** - Are there any activities that you enjoy doing now or would like to pursue but have difficulty with, such as educational classes, going to a place of worship, clubs, work, and so on?

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## Section 10 - Benefits and finance

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**Benefits** – Do you need a benefits check? For more information, contact the Department of Work and Pensions free phone on 0800 882200.

**Management of personal finances** - Do you need help in managing your money matters? Do you have any difficulties with family or friends who help you to manage your money?

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## **Section 11 - Carers**

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Your carer may wish to make some notes here about their situation. For example their health and emotional well-being, any support they may require, and concerns about finances/benefits.

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## **Any Other Additional Comments**

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