

Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name is:

Sarah Louise Bellum

I like to be known as:

Sarah

My date of birth is:

1 December 1959

In an emergency
please contact:

Bryn Bellum, Brother
01970 633333

Date this form
was completed

01/12/2020

A photo of me
can be put here



About My Health



My health needs (medical History):

Down's Syndrome

Dementia

Epilepsy – Tonic Clonic seizures (see my Epilepsy management plan)

I have difficulties eating and drinking – see my Plan

Constipation

Reflux



Things I am allergic to:

Penicillin



Tablets or medicine that I take:

See Medication Administration Record attached.



The support I need to take my tablets or medicine:

Put the tablet into my hand, one at a time with a glass of water and prompt me to swallow.

Do not leave the tablets by my bed. Make sure I have taken them all



How I will show you or tell you I am in pain or unwell:
I will point to the area where I am feeling pain and/or I will groan/cry out or whimper. I do not like being in pain so I will seem different to how I am usually

I have a DisDAT assessment which will come into hospital with me

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How I need you to support me (Including any reasonable adjustments I may need)



How I need you to support me:

I feel very anxious when I am in hospital – I will need support from my familiar staff team for most of the day

I have complex epilepsy – be familiar with my Epilepsy management plan

I need level 6 food – see my Eating and Drinking plan attached

I easily become constipated and this can cause me to have pain and make me poorly so you will need to monitor this



How I need you to support me continued



How we can best communicate:

You will need to use shorter sentences and not use complicated or longer words.

Having information in easy read format will help me to have a better understanding of it

I will need help to understand any procedures that I may need in hospital – my Community Nurse may be able to help me with this



Other important things I would like you to know about me:

I am not able to read and write

You will need to help me choose from the menu

I like to listen to music on my phone with headphones.

I like colouring and would like my books to be with me.

I like to be able to telephone my brother every day



Name of person completing this form:

Sam Smith, Support Worker, Support to Achieve