

PROFILE

NAME:

ADDRESS:

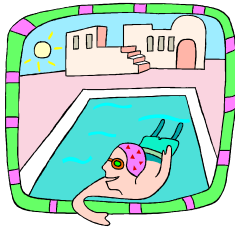
TELEPHONE:

**EMERGENCY
CONTACTS:**

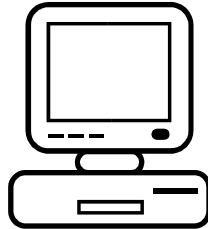
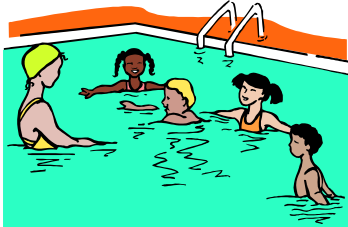
DATE OF BIRTH:

**DATE OF
THIS PROFILE:**

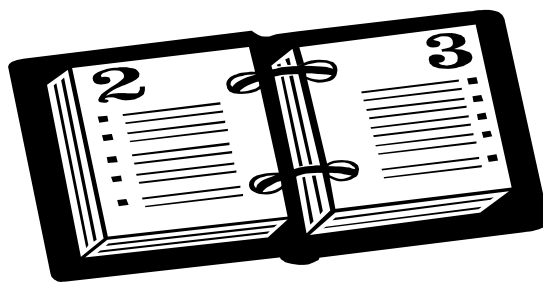
THIS IS WHAT I WOULD LIKE HELP WITH:



THE ACTIVITIES I WOULD LIKE TO DO ARE:



THE DAYS I WOULD LIKE SUPPORT ARE:



- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY
- SUNDAY



THINGS THAT MAKE ME HAPPY ARE:



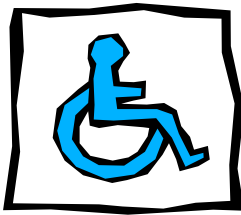
THINGS THAT MAKE ME UPSET ARE:

THE BEST WAY PEOPLE CAN SUPPORT ME WHEN I FEEL LIKE THIS IS:

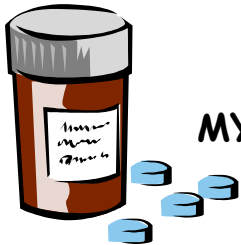
MY HEALTH NEEDS ARE:



MY DISABILITY HAS BEEN DESCRIBED AS:



I HAVE AN ALLERGY!



MY ALLERGY IS:

I TAKE MEDICATION!

MY MEDICATION IS GIVEN AT THESE TIMES:



I HAVE EPILEPSY!

I HAVE SEIZURES:

DAILY WEEKLY MONTHLY YEARLY

THINGS THAT CAN TRIGGER MY SEIZURES ARE:

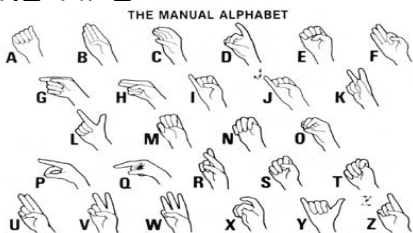


THE BEST THING THAT YOU CAN DO WHEN I HAVE A SEIZURE IS:

I USE SIGN LANGUAGE!

THE SIGN LANGUAGE I USE IS:

OTHER WAYS YOU CAN COMMUNICATE WITH ME ARE:



**I NEED SUPPORT WITH
SELF CARE!**

**THE BEST WAY STAFF
CAN SUPPORT ME IS:**



I CAN DO THE FOLLOWING THINGS!

**MAKE HOT
DRINKS!**

YES

NO

WITH HELP

**MAKE SNACKS
OR MEALS!**

YES

NO

WITH HELP

**USE SHARP OBJECTS
SUCH AS KNIVES!**

YES

NO

WITH HELP

USE A COOKER!

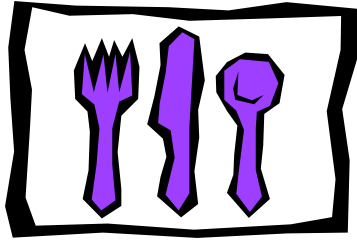
YES

NO

WITH HELP

COMMENTS:

I NEED HELP AT MEALTIMES WITH:



I HAVE A SPECIAL DIET WHICH IS:

I NEED SUPPORT IN GETTING AROUND SUCH AS STAIRS, BUSES, TRAINS ETC.



ANY OTHER INFORMATION YOU MAY NEED TO KNOW ABOUT ME

SIGNED BY CLIENT

.....

SIGNED BY REPRESENTATIVE

.....

RELATIONSHIP

.....

DATE

Supported Lives - Client Profile update sheet

This is a list of staff that works with me or has worked with me at Supported Lives:

Name of member of staff	This member of staff works with me now	When this member of staff worked with me

The following is any updated information about me that my staff will need to know: