

## Caring for Persons With Dementia

Health care facilities (clinic, emergency room, hospital) can cause fear for all people, but maybe more for persons with dementia. It can seem fast-paced and unfamiliar. When your loved one needs to go to a health care facility, it helps if the staff know about your loved one when healthy at home.

### All About Me Form

Sometimes people living with dementia can't tell us about themselves or what help they might need. As a family member/caregiver, you can help provide more information about your loved one by filling out the "All About Me" form. If your loved one is able to help, please complete the form together. It should reflect how your loved one normally does when feeling well.

### How All About Me Form is Used

The information collected on the "All About Me" form can be used by the entire health care team. This is true for staff at UW Health and Unity Point Health-Meriter. It helps the team personalize the care for your loved one.

Staff enter information from the form into your loved one's medical record. This means you won't have to fill out a new form each time your loved one needs medical attention. Staff may ask if there have been any changes and update as needed.

Please give the completed form to hospital staff or mail to the address on the bottom of the form.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2021 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7999.

### Tips if Going to a Care Facility

Let staff know the best way to help your loved one when care is needed at another facility. Tell staff how to best reach you if there are changes or things they need to tell you. Other tips:



- Make sure to bring glasses, hearing aids, and dentures. Make sure to label all items (or the containers) with your loved one's name.
- Bring non-valuable, well known items from home that may be comforting. Some ideas are family photos, favorite blanket, music player, music and/ or reading material.
- Tell staff the best ways to avoid upsetting your family member.
- Tell staff what helps if your loved one becomes confused and upset and what to do to make them feel safe.
- When your family member leaves the care facility, it could take weeks to get used to a new routine or to go back to their old one.

### Resources

- Aging and Disability Resource Center (ADRC).  
<https://www.dhs.wisconsin.gov/adrc/index.htm>
- Alzheimer's Association  
1-800-272-3900 or [www.alz.org](http://www.alz.org).
- Alzheimer's & Dementia Alliance of WI 1-888-308-6251 or [www.alzwisc.org](http://www.alzwisc.org)

**Completed by:** \_\_\_\_\_  
**Phone number (if questions):** \_\_\_\_\_  
**Facility Name (if applicable):** \_\_\_\_\_  
**Date Completed:** \_\_\_\_\_

# All About Me!

<p><b>All About Me!</b></p> <p><b>Social history</b> (where I was born, where I have lived, what I did for work, etc.):</p>  <p><b>Important people and pets:</b></p>  <p><b>Favorite hobbies and activities:</b></p> <p><b>Favorite TV shows and movies:</b></p> <p><b>Favorite music:</b></p> <p><b>Favorite books and magazines:</b></p> <p><b>Foods I like:</b></p> <p><b>Foods I dislike:</b></p> <p><b>Special diet:</b></p>	 <b>I prefer to be called:</b>  <hr/>	<b>When I am feeling well and not in the hospital, I typically know:</b> <ul style="list-style-type: none"> <li><input type="radio"/> My name</li> <li><input type="radio"/> My relative's names</li> <li><input type="radio"/> My current location</li> <li><input type="radio"/> Today's date</li> <li><input type="radio"/> Current events</li> <li><input type="radio"/> Personal events</li> </ul>	<b>I use the following (check all that apply):</b> <ul style="list-style-type: none"> <li><input type="radio"/> Glasses</li> <li><input type="radio"/> Dentures</li> <li><input type="radio"/> Hearing aids</li> <li><input type="radio"/> Walker</li> <li><input type="radio"/> Cane</li> <li><input type="radio"/> Wheelchair</li> <li><input type="radio"/> Motorized scooter</li> <li><input type="radio"/> None of the above</li> </ul>
	<b>Things that might upset me:</b>	<b>I need assistance with (check all that apply):</b> <ul style="list-style-type: none"> <li><input type="radio"/> Grooming (brushing teeth, washing face)</li> <li><input type="radio"/> Toileting</li> <li><input type="radio"/> Bathing</li> <li><input type="radio"/> Dressing</li> <li><input type="radio"/> Eating</li> <li><input type="radio"/> None of the above</li> </ul>	<b>I need assistance with (check all that apply):</b> <ul style="list-style-type: none"> <li><input type="radio"/> Cooking</li> <li><input type="radio"/> Household chores</li> <li><input type="radio"/> Managing my finances</li> <li><input type="radio"/> Managing my medications</li> <li><input type="radio"/> Driving</li> <li><input type="radio"/> Shopping</li> <li><input type="radio"/> None of the above</li> </ul>
	<b>I show that I'm upset by...</b>		
	<b>Things that comfort and calm me down:</b>		
	<b>More information you should know about me:</b>	<b>My daily routine:</b>	

**Return completed form to: Geriatric Clinical Nurse Specialist, 600 Highland Ave., MC#6727, Madison, WI 53792**