

**THIS IS ME**

**MY NAME (in capitals):**

**Insert a photo of yourself**

**This is Me**

**BASIC INFORMATION**

My full name:

How I like to be called:

I was born on

**MEDICINES OR FOODS that DO NOT AGREE WITH ME:**

**IF SOMETHING HAPPENS TO ME, I WOULD LIKE YOU TO CONTACT**

**THESE PEOPLE:**

Name Telephone No. ....

Mobile No. ....

Name Telephone No. ....

Mobile No. ....

Name Telephone No. ....

Mobile No. ....

MY G.P. AND THEIR ADDRESS:

PEOPLE WHO PROVIDE ME WITH SERVICES:

PETS OF MINE THAT ONLY I LOOK AFTER:

RELATIVES OR FRIENDS WHO DEPEND ON ME FOR HELP:

**MY LIFE**

**PEOPLE WHO HAVE BEEN IMPORTANT TO ME ACROSS MY LIFE**

Name:

Relationship:

How I call them:

**THE WORK I DID**

**THE PLACES I HAVE LIVED IN**

Place

Rough dates

**IMPORTANT EVENTS IN MY LIFE**

Event (brief description)

Approximate dates

## FOOD AND DRINK

Foods I like

Foods I dislike

Drinks/beverages that I like

Drinks/beverages that I don't like

## MY ROUTINE

Times I like my meals:

Breakfast

Lunch

Tea

Supper

My getting up routine

What I normally eat & drink at breakfast

What I normally eat & drink at lunch

What I normally eat & drink at tea

What I normally eat & drink at supper

How I like to get ready for bed

How I like to settle down to sleep

**MY HOBBIES and INTERESTS**

Reading: The kind of books I like to read

The papers and magazines I like to read

Topics/things I like to talk about & discuss or watch on the T.V

Topics/things that bore or irritate me if I have to talk about them

Other things I would like you to know about me

**THERE IS MUCH MORE TO ME THAN THESE FACTS. IF YOU HAVE TIME TO TALK TO ME, I WOULD BE HAPPY TO TELL YOU MORE ABOUT MYSELF.**

Date I completed this form:

© Mike Bender: You're Worried You Might Have Alzheimer's – What YOU Can Do About It