

 <p><b>NSW</b> Health GOVERNMENT Northern Sydney Local Health Network</p> <p><b>Communication and Care Cues</b></p>	<p>Surname: _____ MRN: _____</p> <p>Given Names: _____</p> <p>Date of Birth: ____/____/____ Sex: _____</p> <p style="text-align: center;"><i>Affix Patient Label here (to be kept in Progress Notes)</i></p>
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**CARER of Patient TO COMPLETE:**

*We know that Carers have information that you would like hospital staff to know to enable us to provide better care for your relative/friend. Can you please share this information with us by taking a few minutes to complete this form?*

1. Does the patient have any **communication difficulties** (eg can't say what they may want to, can't understand etc)?

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2. How does the patient normally **move about** (eg by themselves, with walking stick or walking frame, holding on to the furniture etc)?

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3. Does the patient wear any **artificial aids** (eg dentures, hearing aid, glasses, limbs etc)?

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4. What are the usual **hygiene habits** (eg showering/bathing, shaving, toileting, continence, denture management etc)?

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5. Are there any **special food or drink** requirements or likes/dislikes (eg allergies, consistency, religious, milk/sugar etc)?

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6. What are the usual **sleeping habits** (eg bed time, waking time, pillows, blankets, position, night caps, settling routines etc)?

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Does the patient SMOKE YES [ ] NO [ ]

Does the patient drink alcohol regularly YES [ ] NO [ ]

**Name & relationship of person completing form:**.....

**Date:**.....

**COMMUNICATION AND CARE CUES**

Please complete those sections that are relevant:

**PREFERRED NAME: (of Patient)**

Where born :

Time lived in Australia:

Language Spoken

at Home:

English ability:

Names of Adult **Family** Members (spouse, brothers, sisters, etc):

Names of **Children**:

Names of **Grandchildren**:

Names of Other **Special People or Pets**:

**Cultural or Religious** Practices:

Past Major **Occupation**:

Past **Hobbies or Interests**:

**Occasions** of Importance:

Other **special Issues and/or Important habits** e.g. likes, dislikes, rituals, ways of doing things etc, (you do not need to give us a lot of information, just those that will keep your family member settled, or tips for us to help settle them)

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