

MY CRITICAL CARE STAY

Bed: _____

To be completed at the earliest opportunity by patients, family or friends

Patient Name: _____

I PREFER TO BE CALLED: _____

I LIKE: **TV** **RADIO** **MUSIC**

DO NOT LIKE: **TV** **RADIO** **MUSIC**

FAVOURITE PROGRAMMES / GENRES / STATIONS:

Personality

WHAT IS IMPORTANT TO ME? _____

MY FRIENDS & FAMILY WOULD DESCRIBE ME AS: 'Shy' 'Loud' 'Quiet'
'Strong Willed' 'Anxious' 'Independent' 'Sarcastic' 'Jovial'

Other:

Hobbies

I FOLLOW SPORTS: YES / NO Details: _____

MY FAVOURITE PAST TIME/ HOBBY IS: _____

Employment

I WORK / USED TO WORK AS A : _____

Completed by: _____

Date: _____

PHOTOGRAPHS!!!



Please bring in photographs of the patient, friends, family and pets. This will assist with communication and orientation when the time is right. It will also help the patient to feel more comfortable!

