

# Dementia Care Plan



# FIRECLAY HEALTH

Your Health is Our Concern

Thank you for filling in this questionnaire. This information will help us to look after you better.

<b>Name:</b>	<b>Date of Assessment:</b>
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<b>People involved in your care (e.g. family, carer, other professionals)</b>		
<b>Name</b>	<b>Phone No</b>	<b>What do they do for you?</b>

<b>Crisis and Contingency Plan</b>	
What are the early warning signs that could mean things are going wrong?	
What are potential sources of stress for you?	
What things have helped in the past?	
If you experience warning signs, we have agreed that you will:	
The person to contact in a crisis is: <i>(name &amp; telephone number)</i>	

<p><b>Medication Review</b> Any problems or side effects? Any regular over-the-counter remedies (including herbal remedies) ?</p>
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## Your Needs and Care Plan

What needs would you like to discuss? (e.g. physical or mental health, medication, social problems)

Carer's view of needs: (if known)

### General Information

Factor	Possible needs
<b>Daily Living and Home Management</b> Self care, mobility, cooking, shopping, housework & laundry	
<b>Food and Nutrition</b> Awareness of healthy eating, recent weight loss or gain, changes in eating habits, specific dietary needs, adequate fluid intake	
<b>Accommodation</b>	
<b>Employment Status</b> Paid and unpaid work, training and education, Work related problems	
<b>Leisure and Recreation</b>	
<b>Cultural and Faith Needs</b>	
<b>Independence and Social Contact</b>	
<b>Financial Circumstances</b> Benefits received, financial advice needed	

### Action Plan:

I agree that this is an accurate summary of my needs.

Signed:

Date: