ast updated:	Name About Me
month day year	
month day year	I like to be called
month day year	This caregiver knows me best
Give this sheet to the nurse.	My address is
	I have a ready-to-go bag.
	I am registered with the MedicAlert [®] Safely Home [®] program.
	My ID number is My information can be accessed by calling Hotline 1-800-407-7717
mignt ieel restless, ag	itated, or panicky. What helps me?
I have problems descril	bing my medical history. Who can help you?
I might ask the same qu	uestion again and again. What helps me?
I might walk away. Wha	at can help you and me?

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Older Adult Alert!

These things may be hard for me:

- being in a noisy waiting room
- Iying in bed for a long time
- using a call button
- being alone
- any medical devices placed on me

Older Adult Alert!

When I am sick, and there is a change in what I can do, consider:

- delirium
- untreated pain
- effects of medication
- a new medical problem
- an unrecognized infection

What can help me be my best?

Not being alone • Being with the caregiver who knows me best • Having a quiet place to wait • Sitting in a comfortable chair • Having a blanket • Taking care of my basic needs • Reassuring me • Including me

Before I came to the emergency department, I could do these things.

Before I was sick: Talking

Items with checkmarks (\checkmark) apply to me. \varnothing

- □ I talk easily.
- □ I don't talk very much.
- I don't hear very well. Look at me when you talk to me.

Before I was sick: Getting around

- I can walk by myself.
- □ I can get around on my own. I use: a cane a walker a wheelchair
- □ I like to have someone's arm for help.

Before I was sick: Using the bathroom

- □ I need help: getting to the bathroom using the bathroom
- □ I use incontinence products:

○ pads ○ pull ons ○ adult briefs (like Attends[®], Depend[®], TENA[®])

More ->

Before I was sick: Eating and Drinking

- □ I can eat and drink on my own.
- □ I choke easily.
- □ I need to use a straw.
- □ I need help to set up my food.
- □ I need reminders to keep eating.
- □ I need help holding a glass.
- □ I need someone to feed me.
- □ I need thickened liquids.
- □ I do not know when I am thirsty. Remind me to drink.
- □ I have a special diet:

Before I was sick: Hearing and Vision

- □ I wear glasses.
- □ I have hearing aid(s): RT LT
- □ I am not able to hear.
- □ I am legally blind.
- □ Ask my caregiver to check my hearing aid batteries.

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