



**Health**  
Northern Sydney  
Local Health District

Facility: COM HKH MQE MVH RNS RYD

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. DD / MM / YYYY	M.O.	
ADDRESS		
		PH
M/C	FIN	
LOCATION / WARD		ADM DD / MM / YYYY

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

# COMMUNICATION AND CARE CUES

**Carer/family member, nurse, or allied health staff to complete**

We know that you have information about your relative/friend that will help hospital staff to provide person-centred, compassionate care. Please share this information with us by completing this form.

**Preferred Name** .....

Place of Birth..... Time Lived in Australia.....

Language Spoken at Home..... English ability:  none  simple  fluent

Interpreter Required

Does your relative/friend wear any **artificial aids** (eg glasses, hearing aids, dentures, limbs)? If yes, what:

Names and relationships of **significant family members/friends**:

Name/s of **loved pet/s** (including type of pet/s):

**Cultural or religious** practices, if any:

Current or past major **occupation**:

Favourite **music and movies/books/television shows** and favourite **place**; current and/or past **hobbies and interests**:

What are your relative/friend's **usual hygiene habits** (eg **showering/bathing time**, shaving, toileting, continence management)?

What are your relative/friend's **usual sleeping habits** (eg bed time, waking time, nap/rest time, pillows, positioning, night caps, settling routines)?

How can we best **communicate** with your relative/friend (eg talking clearly, communication boards, picture cards, signing)?

Is there anything likely **to unsettle/upset/anger** your relative/friend? Give simple solutions to things s/he finds distressing which will help to settle and calm him/her:

What can we do to **support** your relative/friend? Provide strategies you have learned that are effective:

**If you need more space for any of your answers, please write on the back of this form**  tick here to see over

Name & Relationship of Person completing the form:

Name ..... Relationship .....

Date: \_\_\_ / \_\_\_ / \_\_\_

Name of Nurse/Allied Health staff completing the form:

Name ..... Signature .....

Designation..... Date: \_\_\_ / \_\_\_ / \_\_\_

We invite you to **bring in familiar items** in an activity bag that will help comfort and settle your relative/friend, such as a blanket/rug, favourite pillow, photograph, magazine/s, puzzles, cards, radio/CD player, even a stuffed toy, etc

Holes punched as per AS2828 - 2012  
BINDING MARGIN - NO WRITING



AST09829

CATALOGUE NUMBER NS09829 DEC20/17

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Large area with horizontal dotted lines for communication and care cues.

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