

PERSONAL INFORMATION

SURNAME	
FIRST NAME	
DATE OF BIRTH	
GENDER	
CONTACT DETAILS	ADDRESS
	MOBILE: LANDLINE:
	EMAIL:
NEXT OF KIN CONTACT	NAME
	RELATIONSHIP
	MOBILE
	LANDLINE
	EMAIL

OTHER PEOPLE INVOLVED IN MY CARE

FAMILY CONTACT	
GP	NAME:
	ADDRESS:
	MOBILE:
CO-ORDINATOR	NAME:
	ADDRESS:
	MOBILE:
PHYSIOTHERAPIST	NAME:
	ADDRESS:
	MOBILE:
PHARMACIST	NAME:
	TEL:
OTHER	NAME
	TELEPHONE

WE WANT TO KNOW MORE ABOUT YOU. PLEASE ANSWER THE FOLLOWING QUESTIONS.

- **ARE YOU CURRENTLY ON ANY MEDICATIONS?**

- **IF YES WHAT MEDICATIONS ARE YOU ON?**

- **DOSAGE**

- **FREQUENCY**

- **DO YOU HAVE ANY ALLERGIES?**

- **WHAT DO YOU ENJOY DOING?**

- **WHAT MAKES YOU HAPPY?**

- **WHAT MAKES YOU SAD?**

- **DO YOU HAVE ANY FRIENDS?**

- **WHAT ARE YOUR STRENGTHS?**

- **WHAT ARE YOUR WEAKNESSES?**

WHAT WE OFFER AT ABBACARE

- **AT ABBACARE WE TAILOR MAKE YOUR SUPPORTS TO SUIT YOUR NEEDS AND REQUIREMENTS.**

- ASSISTING WITH SELF CARE & GROOMING ACTIVITIES.
- DEVELOPMENT AND TRAINING OF INDIVIDUAL SKILLS.
- ASSISTING TO ACCESS THE COMMUNITY, SOCIAL INTERACTION & RECREATIONAL ACTIVITIES.
- EDUCATIONAL SUPPORT- HOMEWORK ASSISTANCE, PARTICIPATE IN EDUCATIONAL OPPORTUNITIES.
- SCHOOL HOLIDAY PROGRAM BY ACCESSING PROGRAMS IN THE COMMUNITY.
- 1:1 SUPPORT OR GROUP SUPPORTS.
- WALKING, ATTENDING THE GYM, BASKETBALL, FISHING, HELP WITH SHOPPING, COOKING, CLEANING, LAUNDRY, BARBAQUE AS A GROUP, BOWLING, MEN'S SHED, LUNCH & COMMUNITY SOCIAL ACTIVITIES.
- EXPLORE NEW EXPERIENCES.
- DISCOVER YOUR DREAMS.
- POST HOSPITAL CARE/SUPPORT
- OVERNIGHT & 24 HOUR SUPPORT
- MENTORING/ COACHING OF YOUNG PEOPLE.
- MEET AND MAKE NEW FRIENDS
- ASSIST WITH BUDGETING.
- ATTENDING APPOINTMENTS eg DOCTORS, BANKING, PHYSIO/OT. SCHOOL PICK UP's /DROP OFF's.
- TRANSPORT SUPPORT TO ACCESS THE COMMUNITY.