

Wellness Book – Sample Page

Name.....address.....

Name and address of GP.....used since.....

Name and address of dentist.....used since.....

Name and address of optician.....used since.....

Hospitals/clinics used.....

.....

Important specialist/s.....

Name and address of partner/key family member.....

.....

of best friend, guardian advocate.....

.....

Employer.....Job Agency.....

College/resource centre.....

Place of worship.....minister.....

Club/s.....leader/s.....

Medical description of disability.....

General ability Can hear, speak, read; takes note of instructions, watches for her safety. Knows time and dates, uses mobile, manages local public transport, keeps herself fit, deals with personal care and hygiene. Cooks and cleans flat sometimes, needing reminders and assistance. Willingly responds to positive people who show respect, make eye contact, simplify complicated issues and speak clearly. Likes fun and friends. To be alert and to participate, she must use her hearing aid. On average sleeps 7-8 hours. Despite much life experience and retained information, she remains naïve and uncertain and needs a part-time carer.

Accommodation: own flat residential in lodgings with carer/parent

Date of this page.....completed by.....signed.....

Address.....relationship to the above.....

Page revised on.....