



ALL ABOUT ME

My past, present and future

Past memories, current affairs and my wishes for the future



www.cheshirelivingwelldyingwell.org.uk



My personal details

Title(s)

Forename(s)

Surname (family
name, last name)

Date of birth

Address

Postcode

Telephone number

Mobile number

Email

Nick name

Preference – how I
like to be called

Previous name (s)



Interests and Hobbies

Empty light blue box for writing interests and hobbies.

Empty light blue box for writing interests and hobbies.



Likes and Dislikes

Empty rectangular box for notes.

Empty rectangular box for notes.



My Achievements

A large, empty rectangular box with a light blue background, intended for users to record their achievements.



My Bucket list



My favourite places



My Favourite Things

A large, empty rectangular box with a light blue background, intended for users to write their favorite things.



My memorable moments

A large, empty rectangular box with a light blue gradient background, intended for writing memorable moments.



My Talents

A large, empty light blue rectangular box intended for writing or drawing.



My messages for you



My Thoughts

A large, empty rectangular box with a light blue background, intended for writing thoughts.



Important Relationships

Name

Relationship

Address

Telephone
number

Mobile
number

E-mail

Date of
Birth

Notes

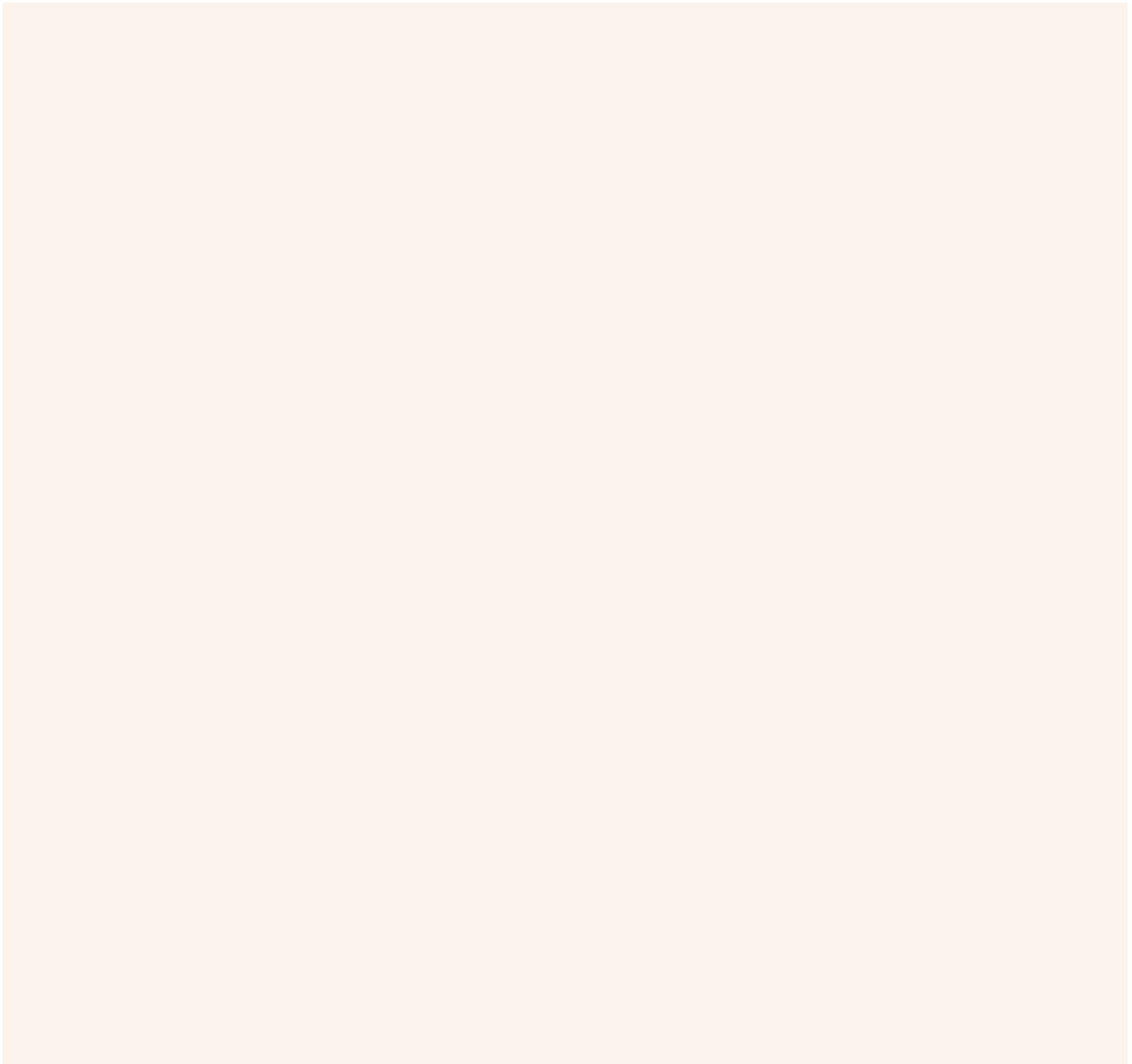


My family tree

A large, empty rectangular box with a light blue background, intended for drawing a family tree.



My pet memories



www.cheshirelivingwelldyingwell.org.uk

© End of Life Partnership (2016) All Rights reserved



My pets

Type of pet			
Name			
Male/ female		Age	
Vet name and contact details			
Insurance details			
Is the pet 'chipped'? If so, write details here			
Who will take care of your pet in case of emergency?			
Behaviour and characteristics of your pet. Food preferences, usual kennels, etc.			



Computers and Tablets

Type of Computer:

Location:

What content on the computer is important to you?

What should happen with this content?

How to access the content. (Is the computer and/or the files password protected? Who have you trusted to access the computer?)



Internet Storage

What content do you have stored on websites and in the Cloud?
What should happen with this content?

What should happen to the content?

How to access the content. (Is the content password protected? Who have you trusted to access the content?)



Online Accounts

	Account 1	Account 2
Type of Account	<input type="text"/>	<input type="text"/>
Website Address	<input type="text"/>	<input type="text"/>
User ID/ Account	<input type="text"/>	<input type="text"/>
What should happen to the Account?	<input type="text"/>	<input type="text"/>



Social Media

	Account 1	Account 2
Type of Account	<input type="text"/>	<input type="text"/>
Website Address	<input type="text"/>	<input type="text"/>
User ID/ Account	<input type="text"/>	<input type="text"/>
What should happen to the Account?	<input type="text"/>	<input type="text"/>



Financial Accounts

	Account 1	Account 2
Organisation (Bank / building society etc.)	<input type="text"/>	<input type="text"/>
Type of account (e.g. current, mortgage etc)	<input type="text"/>	<input type="text"/>
Name in which Account held.	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>

Safety first: It is important not to include bank account numbers, passwords or PIN numbers.



Financial Matters- Key People

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Title/ Role	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>



Insurance

Organisation name			
Organisation telephone number		Email	
Type of insurance and policy number			
Renewal date, notes			

Organisation name			
Organisation telephone number		Emails	
Type of insurance and policy number			
Renewal date, notes			

Safety first: It is important not to include account numbers, passwords or PIN numbers.



Utility and other service providers

	Supplier organisation	Telephone number
Electricity		
Gas		
Water		
Telephone		
Mobile		
Broadband		
TV cable or satellite		
Council tax		
Other		
Other		
Other		
Other		



Lasting Power of Attorney – Property and Financial Affairs

Location

Attorneys as listed in
the LPA. Please provide
their name and contact
details



Lasting Power of Attorney – Personal Welfare

Location

Attorneys as listed in
the LPA. Please provide
their name and contact
details



Will

Location – where is your Will kept?

Executor (s) as listed in the Will. Please provide their name and contact details



Health conditions

Current health conditions	
Previous medical conditions, procedures and operations	
Current medicines	
Medicine allergies	
Food allergies	
Dietary requirements	



Health matters – key people

	Person 1	Person 2
Type – doctor, dentist or optician, etc.		
Name		
Address		
Telephone		
Notes		



My preferred priorities for care

Preferred place of care
e.g. home, relative or
friend, care home, hospice,
hospital

Which people should be
involved in my care

Religious, spiritual beliefs

What is important to you
e.g. type of food, music,
fresh air

Notes



What to do when I die

