

## Why is my information important to the clinical care team?

The clinical care team is committed to including you in the treatment and care of the person you are supporting. Although the person you are supporting is the priority, your viewpoint and needs are important too.

## How will this tool help me?

This tool can help with sharing important information about your situation. You may have questions for the clinical care team. It can also help with seeking further support.

- ❖ It can guide you to know what information may be helpful for the clinical care team.
- ❖ It can provide a way to clearly communicate without feeling rushed or under pressure.

This tool is one way to ensure your voice is being heard. **Your viewpoint matters.**

Filling in this form is optional. You do not need to answer all of the questions, simply fill in what you feel is relevant and only write what you are comfortable to share. The information in your story can also be sent ahead of appointments or printed off to have on hand. It can be updated or changed at any time. Your information is private and confidential.

### TIPS

- Less is best -covering the key points (dot points are helpful for the care team)
- Stick to the facts
- Write from your own personal perspective, not the person you are caring for
- Seek permission from the person you are supporting to write this. Reassure them that it is about your story of supporting and looking after yourself.



**1. Brief description of yourself:**

For example, your name, age/date of birth, living and work situation, your current supports including practical things like respite and counselling.

**2. Relationship to the person you are supporting**

For example, parent, sibling, partner, friend, neighbour

**3. Name and age /date of birth of the person you are supporting**

These questions are prompts only. Please provide answers only where you feel comfortable and where responses are relevant - leave blank those that are not.

**4. Background**

For example, family history of mental health and/or drug and alcohol challenges in the past.



## 5. Diagnosis or symptoms

Your understanding of both previous/current mental health or/and alcohol and other drug challenges. Is there more than one diagnosis?

## 6. Medications

Do you help with medication(s) or is this looked after by the person you are supporting? Are there any known allergies or have there been reactions to medications in the past?

**7. Key traumatic events:** including accidents or hospitalisations that have occurred for the person you are supporting both recently and/or in the past that could be relevant?

## 8. What helps and what doesn't?



**9. Resources, information or supports you may need?**

**10. Questions and/or concerns?**

**Any other important information you would like the care team to be aware of?**

