

Bury & Bolton ME/CFS Support Group

## What you need to know about my condition

Although I am in hospital for [], I also have [ <b>CFS/ME</b> ], the symptoms of which vary from person to person and are different from one time to another. To help me cope while I am in your care, you need to know the following information.				
Full Name				
The name I like to be called by				
Address				
Telephone				
In an emergency/for more information contact				
Telephone				
GP name				
Surgery telephone				
Bolton and Bury CFS/ME NHS Service, Neurological Rehabilitation Services, Breightmet Health Centre, Breightmet Fold Lane, Breightmet, Bolton, BL2 6NT. Telephone 01204 462 765 Fax 01204 462 768				
Essential information  E.g. symptoms which may arise which require urgent attention and what to do in these circumstances, religious/cultural needs, existence of an advance directive.				
NICE Clinical Guidelines 53 for CFS/ME published August 2007				

Please remember that my condition varies over time ask me what my needs are now

## **Eating and drinking**

I eat and drink independently	yes ∐ no ∐					
I need the following help when eating or drinking						
I have the following dietary needs / food allergies						
Communication						
My condition does   does no	t affect my ability to communicate					
I have no ☐ some ☐ cons	siderable _ difficulty in <b>hearing</b>					
I have no ☐ some ☐ considerable ☐ difficulty in <b>understanding</b>						
I have no ☐ some ☐ cor	siderable difficulty <b>finding words</b>					
I have no ☐ some ☐ cor	siderable _ difficulty <b>recalling information</b>					
How you can help when talking	to me or when I am trying to tell you something					
<b>Mobility</b> My mobility is $\Box$ is not $\Box$ af	fected by my condition					
I experience muscle weaknes which affects my:	s $\square$ muscle stiffness $\square$ tremor $\square$					
Upper limbs	sometimes $\square$ often $\square$ constantly $\square$					
Lower limbs	sometimes $\square$ often $\square$ constantly $\square$					
Torso	sometimes					
Head / neck	sometimes $\square$ often $\square$ constantly $\square$					
Hands / feet	sometimes  often constantly					
I can walk unaided $\Box$	with assistance $\square$					
I can stand unaided	with assistance					

I need to use the following mobility aids (eg walking stick, frame, wheelchair)					
I need help getting in and out of bed		yes		no	
I need help getting in and out of chairs		yes		no	
I need help getting to and from the bath	hroom	yes		no	
Personal care					
I can take care of all $\Box$ some $\Box$	none $\Box$ of my	personal i	needs	5	
I need help to take a bath / shower		yes		no	
I need help to wash / shave / clean m	y teeth	yes		no	
I need help to use the toilet		yes		no	
I need help to dress or undress		yes		no	
I have the following special needs with	personal care				
Medication					
I would like to self medicate if possible		yes		no	
My medication	Dosage		Freq	uency	
				· · · · · · ·	
				· · · · · · ·	
		•••••	• • • • • • •	· · · · · · ·	
			• • • • • • •	· · · · · · ·	
I know that I am allergic to or cannot take the following medicines					
<del>-</del>	_				
Essential equipment that I need during my stay					
	neea auring my	, our,			

Before I am discharged you need to plan						
Other useful contacts (e.	Other useful contacts (e.g. social worker, main carer etc)					
Name Caroline Higson	Role Support Group Contact	Telephone 01204 525 955				
More about [CFS/ME] Use this box as you wish, for exthe condition to help those who particularly important piece of temperature, adrenalin injection	o might not be familiar with information e.g. sensitivity	h it, or to highlight a				

## Thank you for helping to make my stay as comfortable as possible

Signed Patient	Dated
Specialist CFS/ME Team Member/ GP: Other Health Professional:	Dated

This leaflet was developed by the Neurological Alliance with the help of its member charities. Particular thanks are due to the Motor Neurone Disease Association, the Sarah Matheson Trust, the Tuberous Sclerosis Association and the Walton Centre.

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