

## Personal Support Plan

Name \_\_\_\_\_

Address

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Contact number \_\_\_\_\_

In the event of a emergency who would be the 1<sup>st</sup> point of contact

Name \_\_\_\_\_ Relation / Position

\_\_\_\_\_

Contact Number \_\_\_\_\_

2<sup>nd</sup> point of contact

Name \_\_\_\_\_ Relation / Position

\_\_\_\_\_

Contact Number \_\_\_\_\_

D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physical description of \_\_\_\_\_

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Eyes

Height

Weight

Distinguishing features

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**Support needs**

**Morning**

Washing / showering

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Teeth / dentures \_\_\_\_\_

Shaving \_\_\_\_\_

Deodorant / after shave \_\_\_\_\_

Dressing

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**Evening**

Getting ready for bed

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Sleeping \_\_\_\_\_

Contenance issues: Day

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Night

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Religious / Cultural needs.

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Signed \_\_\_\_\_ Print \_\_\_\_\_ Relation /  
position \_\_\_\_\_

Signed \_\_\_\_\_ Print \_\_\_\_\_ Papillon  
Holidays

Signed \_\_\_\_\_ Print \_\_\_\_\_ Papillon  
Holidays key worker

## Foods

Allergies:

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Special Dietary requirements, I E diabetes, religious.

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Breakfast: Likes \_\_\_\_\_ Dislikes

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Lunch: Likes \_\_\_\_\_ Dislikes

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Dinner: Likes \_\_\_\_\_ Dislikes

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Super: Likes \_\_\_\_\_ Dislikes

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Drinks: Likes \_\_\_\_\_ Dislikes

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Snacks: Likes

\_\_\_\_\_ Dislikes \_\_\_\_\_

\_\_\_\_\_  
List as many as appropriate

## Behaviour

Does Holidaymaker have any habitual or challenging behaviour that may cause concern to staff team or other service users? If so, please state and say how it would usually be dealt with in their home environment.

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