

## PEOPLE INVOLVED IN MY CARE IN ADDITION TO MY GP ARE

Name:	Role:	Contact:
_____	_____	_____
_____	_____	_____
_____	_____	_____
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- This leaflet is designed for you.
- Fill in all of the details and give it to any health professional involved in your care so they understand more about you and your condition.
- Keep it updated as symptoms change.
- Use the guidance notes provided to help you to complete the form.



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[www.pspassociation.org.uk](http://www.pspassociation.org.uk)

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## ALL ABOUT ME

### Helping staff to support me in an unfamiliar environment

I have Progressive Supranuclear Palsy (PSP)  
Corticobasal Basal Degeneration (CBD) *delete as appropriate.*

The symptoms of PSP & CBD vary from person to person so please take the time to read the following information, which is all about how PSP/CBD affects me. This will help you to care for my specific needs and preferences for the duration of my stay with you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Main carer: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone (if different): \_\_\_\_\_

GP Name: \_\_\_\_\_

GP address: \_\_\_\_\_

GP telephone \_\_\_\_\_

**For more information on PSP & CBD contact the  
PSPA Helpline: 0300 0110 122 Email: [helpline@pspassociation.org.uk](mailto:helpline@pspassociation.org.uk)**

## HOW PSP/CBD AFFECTS ME

My eyesight:

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My cognition and mood:

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The best way we can communicate is:

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My mobility:

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My sleep:

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My personal care:

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My eating and drinking:

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My medication:

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Other notes about me:

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PSP & CBD do not always affect intellect but do cause speech and communication problems. Even if I can't always respond verbally I can understand what is being said so please include me in all discussions and conversations. My main carer would like to be involved at all times too.