



Maine Dementia Care Partnership



	My name is: But I like to be called:							
<i>I am living with a form of dementia, which may make traditional communication challenging. Here are a few helpful tips. Please contact my caregiver, _____ at _____:</i>								
	Foods that I like to eat are							
	Topics I enjoy talking about include							
	Topics that are concerning or confusing to me are							
	Things I can do on my own are <table border="1" data-bbox="277 1136 1479 1314"> <tr> <td data-bbox="277 1136 870 1199"><input type="checkbox"/> Go to the bathroom</td> <td data-bbox="870 1136 1479 1199"><input type="checkbox"/> Get out of bed</td> </tr> <tr> <td data-bbox="277 1199 870 1262"><input type="checkbox"/> Get dressed</td> <td data-bbox="870 1199 1479 1262"><input type="checkbox"/> Comb my hair</td> </tr> <tr> <td data-bbox="277 1262 870 1314"><input type="checkbox"/> Brush my teeth</td> <td data-bbox="870 1262 1479 1314"><input type="checkbox"/> Walk without help</td> </tr> </table>		<input type="checkbox"/> Go to the bathroom	<input type="checkbox"/> Get out of bed	<input type="checkbox"/> Get dressed	<input type="checkbox"/> Comb my hair	<input type="checkbox"/> Brush my teeth	<input type="checkbox"/> Walk without help
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	Things that I need help with include							
	Things that make me upset/anxious are							
	When I am upset/anxious, I							
	Things you can do to make me feel better when I am upset/anxious:							
	When I am in pain, I							

Consistent with FDA black box warnings about anti-psychotic medications for individuals living with dementia, I am presently not taking an anti-psychotic medication due to increased risk of death and other adverse events. My care team and I are committed to non-drug related interventions.

