



ALL ABOUT ME

My past, present and future

Past memories, current affairs and my wishes for the future



Developed by EoLP Public Health Team

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Introduction & Guidance

This booklet was developed by the End of Life Partnership to enable and empower you to think about, talk about and document important information about your life. We hope that this will give you peace of mind that your affairs are in order and allows family and friends to know your future wishes.

Keeping information in one place will help make things easier for you and your family should you be unable to express wishes in the future. It may also make decisions easier for family and friends following your death. It is important that we do this because our plans and wishes are more likely to be carried out if we write things down.

The booklet should be kept in a safe place which trusted family members or friends should be aware of. If you have a special place for emergency information, you could leave a note saying where you keep your 'All About Me' booklet.

It is important **not** to include bank account numbers, passwords, PIN numbers or other sensitive information in case your booklet was stolen or fell into the wrong hands.

Remember to check your 'All About Me' booklet on a regular basis and make any necessary alterations (in the notes & amendments section) as a result of your changing circumstances.

The 'All About Me' booklet is not a legal document and is not an alternative to a Will, a Lasting Power of Attorney or an Advance Decision to Refuse Treatment. For advice about these legal matters, please contact a solicitor or the Citizens Advice.

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My Personal Details

Title(s)	<input type="text"/>
Forename(s)	<input type="text"/>
Surname (last name)	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Mobile number	<input type="text"/>
Email	<input type="text"/>
Nick name	<input type="text"/>
What I like to be called	<input type="text"/>
Previous name (s)	<input type="text"/>





My Interests & Hobbies



My Likes & Dislikes



Empty rectangular box for writing likes and dislikes.

Empty rectangular box for writing likes and dislikes.

My Achievements



A large, empty light blue rectangular box intended for writing or drawing achievements.



My Bucket List





My Favourite Places





My Favourite Things

A large, empty light blue rectangular area intended for writing or drawing.





My Memorable Moments

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My Talents



A large, empty light blue rectangular area intended for writing or drawing.



My Messages for You

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My Thoughts



A large, empty light blue rectangular area intended for writing thoughts.



My Important Relationships

Name

Relationship

Address

Telephone
number

Mobile number

Email

Date of Birth

Notes

My Family Tree





My Pet Memories

A large, empty rectangular area with a light beige background, intended for writing or drawing pet memories.





My Current Pets

Type of pet

Name

Male/ Female Age

Vet name and contact details

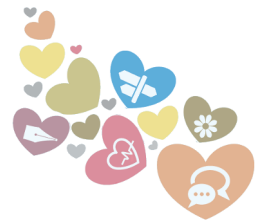
Insurance details

Is the pet 'chipped'?
If so, write details here

Who will take care of your pet in case of emergency?

Behaviour and characteristics of your pet.
Food preferences, usual kennels, etc.





My Computers & Tablets

Type of Computer: Location:

What content on the computer is important to you?

What should happen with this content?

How to access the content. Is the computer and/or the files password protected? Who have you trusted to access the computer?

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My Internet Storage



What content do you have stored on websites and in the Cloud?

What should happen to the content?

How to access the content. Is the content password protected?
Who have you trusted to access the content?

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My Online Accounts

	Account 1	Account 2
Type of Account	<input type="text"/>	<input type="text"/>
Website Address	<input type="text"/>	<input type="text"/>
User ID/ Account	<input type="text"/>	<input type="text"/>
What should happen to the account?	<input type="text"/>	<input type="text"/>



My Social Media



Account 1

Account 2

Type of
Account

Website
Address

What should
happen to the
account?

Financial Accounts



	Account 1	Account 2
Organisation (Bank / building society etc.)		
Type of account (e.g. current, mortgage etc)		
Notes		

Safety first: It is important not to include bank account numbers, passwords or PIN numbers.

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My Financial Matters- Key People



	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Role	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>	<input type="text"/>
Notes	<input type="text"/>	<input type="text"/>



My Insurance

Organisation name	
-------------------	--

Organisation telephone number		Email	
-------------------------------	--	-------	--

Type of insurance & policy number	
-----------------------------------	--

Renewal date, notes	
---------------------	--

Organisation name	
-------------------	--

Organisation telephone number		Email	
-------------------------------	--	-------	--

Type of insurance & policy number	
-----------------------------------	--

Renewal date, notes	
---------------------	--

Safety first: It is important not to include account numbers, passwords or PIN numbers.



My Utility & Service Providers

Supplier organisation

Telephone number

Electricity		
Gas		
Water		
Telephone		
Mobile		
Broadband		
TV Provider		
Council tax		
Other		
Other		
Other		
Other		



Lasting Power of Attorney My Property & Financial

Location

Large empty rectangular area for providing location details.

Attorneys as listed
in the LPA. Please
provide their name
and contact details

Large empty rectangular area for providing attorney names and contact details.





Lasting Power of Attorney My Personal Welfare

Location

Attorneys as listed
in the LPA. Please
provide their name
and contact details





My Will

Location – where is your Will kept?

Blank area for providing the location where the Will is kept.

Executor(s) as listed in the Will. Please provide their name and contact details

Blank area for providing the name and contact details of the executor(s).





My Health Conditions

Current health conditions

Previous medical conditions, procedure and operations

Current medicines

Medicine allergies

Food allergies

Dietary requirements





My Health Matters – Key People

	Person 1	Person 2
Type		
Name		
Address		
Telephone		
Notes		





My Preferred Priorities for Care

Preferred Place of Care
Home, Care home,
hospice, hospital etc.

Which people
should be involved
in my care

Religious, spiritual
beliefs

What is important to
you
e.g. type of food,
music, fresh air

Notes



What to do when I die





Notes & Amendments







Notes & Amendments





Notes & Amendments





Find out more about the End of Life Partnership Public Health Team:

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