|  |  |
| --- | --- |
| My Name:  |  |
| My Address:  |  |
| Weight:  | Age:  | Sex:  |
| My needs and requirements: |
| Communication, behavioural, mobility, pain, vision, hearing etc. |
| When will I require assistance:  |
| Daytime: Yes / No  | Night-time: Yes / No |
| What assistance I need during the daytime | What assistance I need during the night-time |
| Who will assist me: | Who will assist me: |
| What assistance I need: | What assistance I need: |
| Where I require assistance from:Lounge/ bathroom/ dining room etc. | Where I require assistance from:My bedroom (location): |
| What equipment I need to evacuate the building safely : | What equipment I need to evacuate the building safely : |
| What route will I take and where will it lead to: | What route will I take and where will it lead to: |
| My PEEP was carried out with me by:  |
| Name: Signature:Date: |
| Date of scheduled review: |

Picture of me

Photo of Me