|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | | |

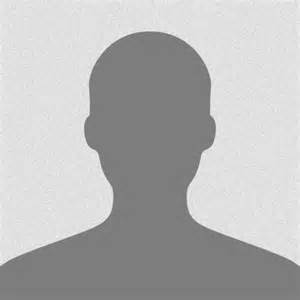
Picture of me

Photo of Me