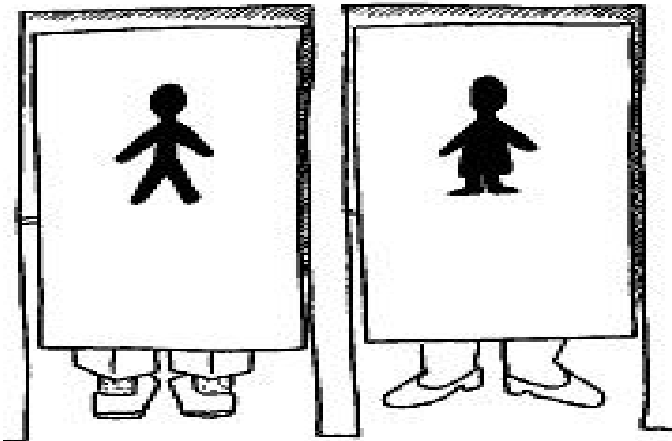


I NEED TO GO TO THE TOILET



THE LADIES

THE
GENTS

I can use the toilet independently

I need support to use the toilet

I wear incontinence pads & I need support to keep me fresh.

I have a catheter bag that needs to be emptied.

I use colostomy/ileostomy products

Can I have a urinal bottle?

**CAN I HAVE A CUP OF TEA
PLEASE?**

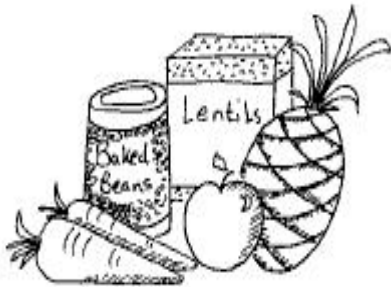


**I TAKE SUGAR
I DON'T TAKE SUGAR
I TAKE SWEETENER**

I NEED A FEEDER CUP

I NEED HELP TO HAVE A DRINK

CAN I HAVE SOMETHING TO EAT?



**I CAN EAT
ANYTHING**

I NEED A SPECIAL DIET

I NEED HELP TO EAT



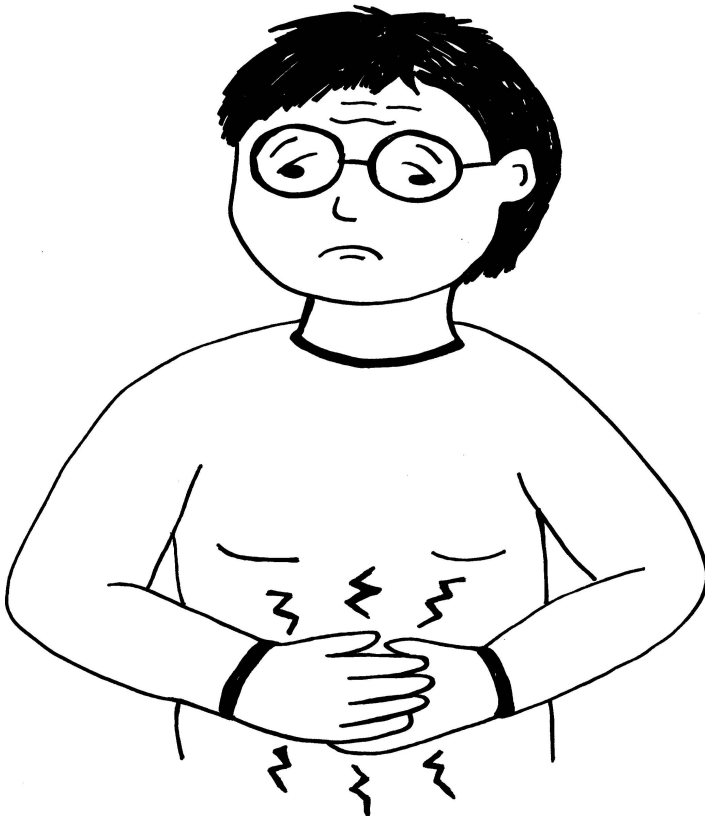
I HAVE GOT
CHEST PAIN



I HAVE
BREAST
PAIN



**PAIN IN MY
SHOULDER**



**I HAVE
PAINS IN
MY
STOMACHE**



I HAVE PAIN
IN MY NECK



IN MY HEAD



I FEEL SICK



**I HAVE GOT
DIORRHOEA**



I HAVE PAIN IN
MY HIP

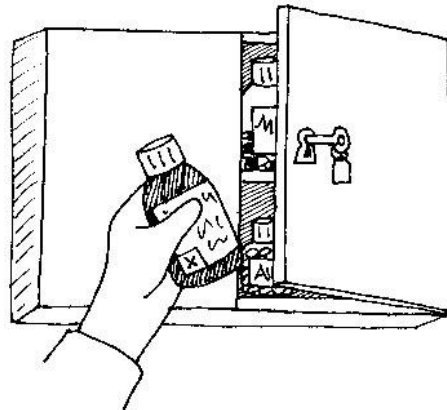


I HAVE
PAIN IN MY
BOTTOM



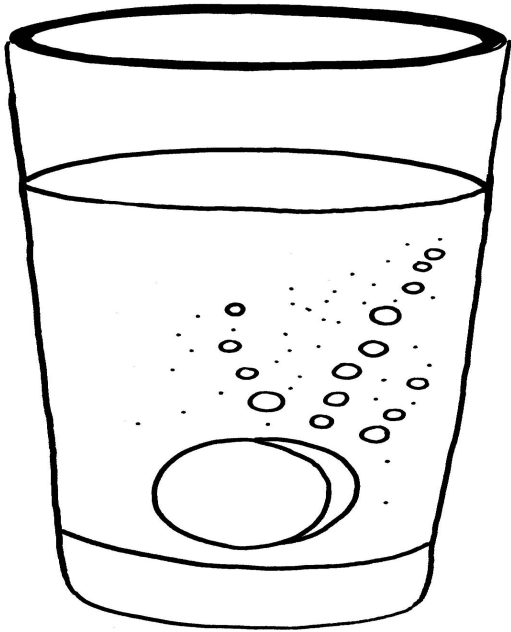
**I HAVE GOT
CONSTIPATION**

**I NEED SOME
LAXATIVES
PLEASE OR SOME
MEDICATION**



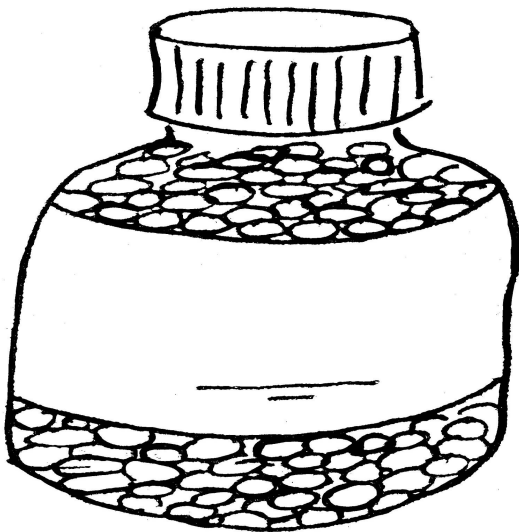
I NEED ORAL MEDICATION

I NEED AN ENEMA

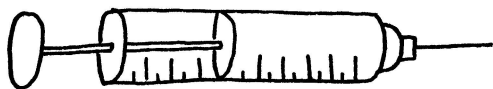


**CAN I HAVE SOME
SOLUBLE
MEDICINE**

**OR LIQUID
MEDICINE**



**CAN I HAVE MY
MEDICINE IN
TABLET FORM**



**CAN I HAVE AN
INJECTION**



I NEED TO
TAKE YOUR
BLOOD
PRESSURE



I NEED TO
TAKE A
SAMPLE OF
YOUR BLOOD



I SMOKE

I CAN TAKE MYSELF FOR A SMOKE

**I NEED YOU TO SUPPORT ME
WHEN I AM HAVING A SMOKE, IF
YOU CAN!!**



**SOME CLINICAL AREAS
DON'T ALLOW PEOPLE TO
SMOKE OR ANYONE TO
SUPPORT**

I WANT TO STOP SMOKING



CAN YOU SUPPORT ME TO STOP!!!!



I CAN WALK BUT I USE A
WHEELCHAIR AS I CANNOT
WALK TOO FAR



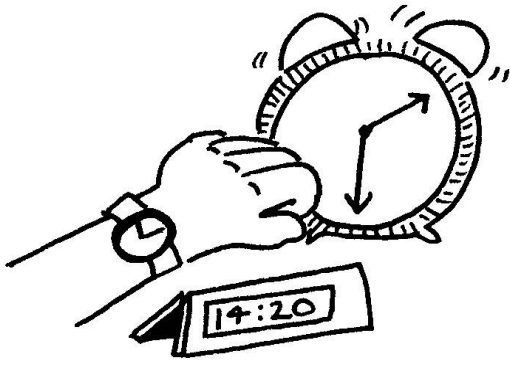
I CANNOT WALK I NEED
A WHEELCHAIR AT ALL
TIMES



I AM REGISTERED
BLIND

I HAVE A DOG
I USE A WHITE CANE

I AM DEAF
I USE HEARING AIDS



WHAT TIME IS IT?



WHAT DAY IS IT?

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

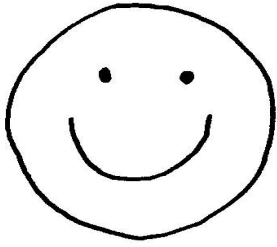
IT IS THE MORNING TIME

IT IS LUNCH TIME

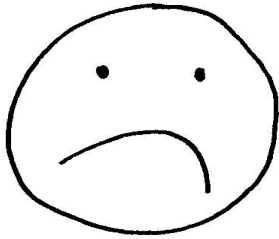
IT IS TEA TIME

IT IS EVENING TIME

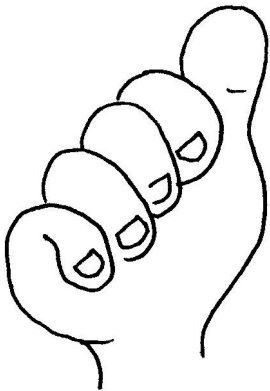
IT IS BED TIME



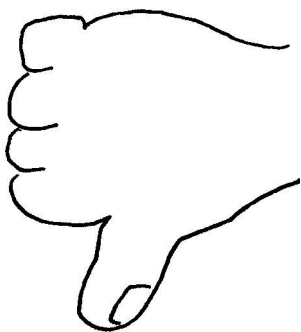
I AM HAPPY



I AM SAD



I AM OK



I AM NOT OK



**I SUFFER
FROM
EPILEPSY**



**I NEED
MEDICATION TO
CONTROL MY
EPILEPSY**

**I HAVE EPILEPTIC SEIZURES THAT
MAKE ME FALL ONTO THE FLOOR**

**MY EPILEPSY IS WELL CONTROLLED
& I ONLY HAVE SMALL SEIZURES**



I NEED SOME
HELP TO GET
OUT OF BED



I NEED TO GO TO
SLEEP

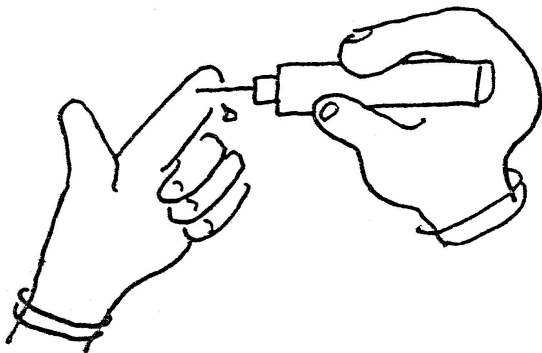


IT'S LATE & I CAN'T
SLEEP



I HAVE
DAIBETES

I HAVE TYPE 1, DIABETES I NEED
MY BLOOD SUGARS MONITORING,
AS I NEED TO TAKE INSULIN.



I HAVE TYPE 2,
DIABETES I NEED TO TAKE
REGULAR MEDICATION, &
MONITOR MY DIET





THE DOCTOR



THE NURSE



**OTHER HEALTH
CARE
PROFESSIONALS**



I DON'T FEEL
VERY WELL



I'M HOT



I'M COLD

HELP

STOP

NURSE

I
NEED
SOME
PAIN
RELIEF

HUNGRY

THIRSTY

TOILET

PAIN

UNCOMFORTABLE

COMFORTABLE

TELEPHONE

PLEASE
TELEPHONE MY
HUSBAND

WIFE

SON

DAUGHTER

MOTHER

FARTHER

SISTER

BROTHER

SOMEBODY ELSE

CAN YOU CONTACT
MY RELIGIOUS
LEADER

MY RELIGION IS
ROMAN CATHOLIC
CHURCH OF ENGLAND
METHODIST
MUSLIM
HINDU
JEWISH
BUDDHIST
OTHER RELIGION

I'M FED UP CAN YOU FIND
ME SOMETHING TO DO?

READ A BOOK OR
PAPER OR MAGAZINE

WATCH TELEVISION

LISTEN TO SOME
MUSIC

SIT WITH ME & TALK
TO ME

I
CANNOT
CONSENT
TO
TREATMENT

I
CAN CONSENT
TO
TREATMENT

Please

Be

Quiet

Can I have

a heat

Pack

