

# Dyma fi    This is me

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Bydd y daflen yma'n eich helpu i fod yn  
gefn i mi mewn lle anghyfarwydd

This leaflet will help you support me  
in an unfamiliar place

Rhowch ffotograff ohonoch eich hun yn y lle pwrpasol yma.  
Please place a photograph of yourself in the space provided.

Fy enw:  
My name:

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ffotograff  
photo

**Dyma fi**, sef gwybodaeth am unigolyn ar adeg llenwi'r daflen. Bydd gofyn diweddarau'r wybodaeth yn ôl y galw.

**This is me** is about the person at the time the document is completed and will need to be updated as necessary.

Dylai'r daflen **Dyma fi** gael ei llenwi gan y sawl sy'n adnabod y claf orau. Lle bynnag y bo hynny'n bosib, dylai'r claf ei hun helpu i'w llenwi.

**This is me** should be completed by the person or persons who know the patient best and wherever possible with the person themselves.

Cyfeiriwch at y canllawiau ar wahân i'ch helpu i lenwi **Dyma fi**.

Please refer to the separate guidance notes to help you complete **This is me**.

Fy enw: fy enw llawn a'r enw rwy'n gofyn i bobl ei ddefnyddio  
My name: full name and the name I prefer to be known by

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Yr ardal rwy'n byw ynddi:  
I currently live:

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Y gofalwr / unigolyn sy'n fy adnabod orau:  
Carer / the person who knows me best:

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Hoffwn ddweud wrthyich:  
I would like you to know:

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Fy nghartre' a fy nheulu, a'r pethau sy'n bwysig i mi:  
My home and family, things that are important to me:

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Fy mywyd hyd yn hyn:  
My life so far:

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Fy hobiau a fy niddordebau:  
My hobbies and interests:

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Y pethau a allai wneud i mi boeni neu ofidio:  
Things which may worry or upset me:

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Rwy'n hoffi ymlacio drwy:  
I like to relax by:

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Fy nghlyw a fy ngolwg:  
My hearing and eyesight:

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Cyfathrebu:  
My communication:

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Symud:  
My mobility:

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Cysgu:  
My sleep:

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Fy ngofal personol:  
My personal care:

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Bwyta ac yfed:  
My eating and drinking:

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Fy moddion:  
My medication:

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Dyddiad llenwi:  
Date completed:

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Enw'r person a lenwodd y daflen:  
By whom:

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Perthynas y person hwnnw i'r claf:  
Relationship to patient:

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Drwy lofnodi'r daflen yma, rwy'n cadarnhau fy mod yn fodlon i weithwyr iechyd a gweithwyr gofal gael y wybodaeth sydd ynddi.

In signing this document, I agree that the information in this leaflet may be shared with health and care workers.