

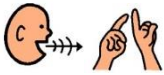
About me!

My name:

I like to be called:

Diagnosis:

Developmental age:



How I **communicate**: (Talk, pictures, sign language, gestures, follow directions, etc.)

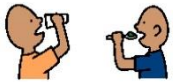




Support I need with **medication**:



Support I need with **personal care**:



Support I need with **eating and drinking**: (Include favorite food and drinks)



How you can **help me relax** in tense situations:



How I cope with **medical procedures**: (Be with someone I know, play music, take a favorite item with me, etc.)



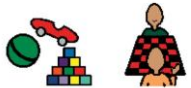
How I show **pain**:



My **mobility** needs are: (I can transfer independently, pressure relief needed, etc.)



I am **sensitive to**: (specific sights, sounds, smells that I really dislike)



My favorite toys or activities:



Things to make the hospital stay easier for me or are important to know: (New faces are hard for me, how to help, etc.)
