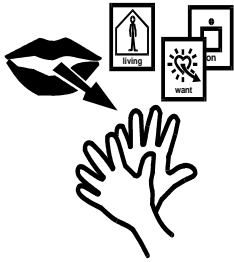


# About Me!

My Name:

I like to be called:



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

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**Support I need with medication:**

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**Support I need with personal care:**

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

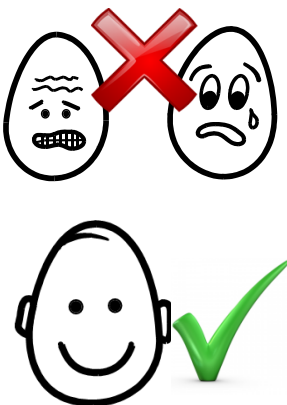
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**How you can help me relax in tense situations:**

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

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**How I show pain:**

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

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

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**My favorite toys or activities:**

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

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