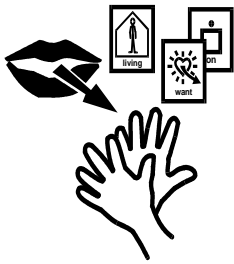


About Me!

My Name:

I like to be called:



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



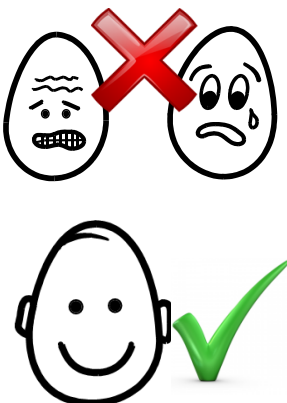
Support I need with medication:



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.)
