

Health Profile



I have a disability. Please read this so you can best assist me.

My photo

Full name
.....

What I like to be called **Date of birth**

Something important to know about me (examples: include your strengths, something you like about yourself or something you are proud of):
.....
.....
.....

.....
.....
.....

Important people to talk to about my health

My doctor
.....

Phone number
.....

Other important people to talk to about my health
(examples: medical providers, aides, family or friends):

Relationship **Phone number**

Name
.....

Relationship **Phone number**

I communicate by

Check all that apply

Writing or typing

Talking

Sign language

Pointing to words

Pictures

Using a device

Gestures/body language

Other
.....
.....

I understand these spoken language(s):
.....
.....

Emergency contacts

Name
.....

Relationship **Phone number**

Name
.....

Relationship **Phone number**

Health Profile



I am allergic to

Medication or food

.....

My symptoms or reactions (list significant reactions)

.....

Medication or food

.....

My symptoms or reactions (list significant reactions)

.....

I need help with

Check all that apply

Eating

Drinking

Washing

Bathroom

Dressing

Other

.....

Other

.....

I have dietary restrictions

My food restrictions and reasons are: (examples: diabetes, intolerances, textures, smells)

Food	Reason
.....
Food	Reason
.....
Food	Reason
.....

My devices and aids

Check all that apply

Glasses

Reading device/aid

Writing device/aid

Wheelchair

Service animal

Hearing aids

Walker/cane

Other

.....

Other

.....

Other

.....

Self-expression

I might get upset from: (examples: noises, lighting, being touched, smells, face masks)

.....

.....

When I am anxious or stressed, I feel better when:

.....

.....

When I am hurt or sick, I feel better when:

.....

.....

When I am in pain, I show it by:

.....

.....