

## Section 2 All about Me!

My name is: \_\_\_\_\_

My nickname is: \_\_\_\_\_

My birthday is: \_\_\_\_\_

The color of my eyes is: \_\_\_\_\_

The color of my hair is: \_\_\_\_\_

I am: \_\_\_\_\_ right \_\_\_\_\_ left handed

I like to: \_\_\_\_\_

I don't like to: \_\_\_\_\_

I have a pet: \_\_\_yes \_\_\_no My pet is a: \_\_\_\_\_ and is named: \_\_\_\_\_

My friends are: \_\_\_\_\_

My caregivers are: \_\_\_\_\_

When I am happy I: \_\_\_\_\_

When I am sad I: \_\_\_\_\_

I need help with: \_\_\_\_\_

I can do these things for myself: \_\_\_\_\_

If you need to know something else, call: \_\_\_\_\_

### ***My Favorite Things***

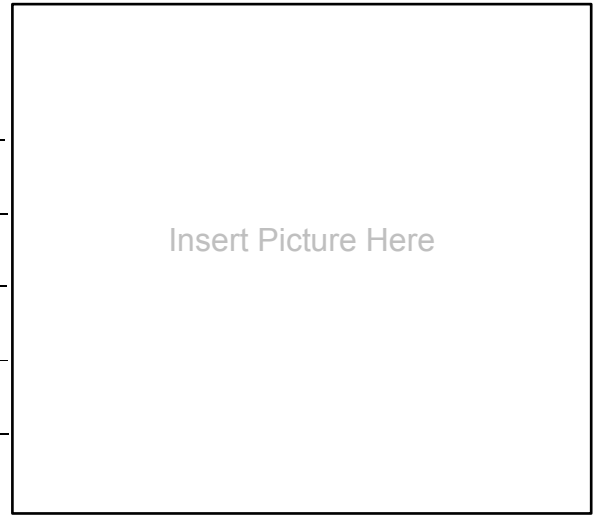
Colors: \_\_\_\_\_

Toys: \_\_\_\_\_

TV shows: \_\_\_\_\_

Games: \_\_\_\_\_

Hobbies: \_\_\_\_\_



### **All about Me! 2.1**

Types of music: \_\_\_\_\_

Songs: \_\_\_\_\_

Animals: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Least Favorite foods: \_\_\_\_\_

### ***Child's Page***

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Use the rest of this page for your child's words and thoughts about his or her life now as well as later.

## ***My Family***

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Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **People who live with me:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Important Family Information:**

Language(s) spoken at home: \_\_\_\_\_ Interpreter Needed? Yes: \_\_\_ No: \_\_\_

Preferred interpreter: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred religion: \_\_\_\_\_

Church: \_\_\_\_\_

Religious practices or customs that affect my treatment:

Family traditions:

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### **All about Me! 2.3**

## ***Activities of Daily Living***

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Use this page to describe your child's abilities to feed him/herself, bathe, get dressed, use the bathroom, comb hair, brush teeth, etc. Detail what your child can do by him/herself and any help or equipment your child uses for these activities. Describe any special routines your child has for bath time, getting dressed, etc.

## ***Communication***

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Use this page to describe your child's ability to communicate and to understand others. How does your child communicate? How well does he or she understand directions? Include sign language words, gestures, equipment, or types of assistance your child uses. Include cues, signals and special words your family and child use to describe things.

## ***Coping and Stress Tolerance***

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Use this page to describe how your child copes with stress. Stressful events might include new people, situations, hospital stay, or procedures such as having blood drawn. What upsets your child? What does your child do to self-calm? What happens when he/she has “had enough?” Describe your child’s way of asking for help and things to do or say to comfort your child. This could include specific words or phrases, holding them, playing a certain kind of music, a favorite stuffed animal or a warm bath.

## ***Mobility***

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Use this page to describe your child's ability to get around. Include what your child can do by him/herself and any help or equipment your child uses to get around. Describe any activity limits and any special routines your child has for transfers, pressure releases, positioning, etc.

## ***Nutrition***

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Use this page to talk about your child's nutritional and/or dietary needs. Describe foods and any nutritional formulas your child takes, any food allergies or restrictions, and any special feeding techniques, precautions, or equipment used for feedings. List your child's favorite foods and foods to avoid, and describe how you know when your child has had enough to eat. Discuss any special mealtime routines your family and child has.



## ***Respiratory***

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Use this page to describe your child's respiratory care, and any special techniques or precautions you use when giving care. This could include a nebulizer or an inhaler. Describe how a caregiver would know if there is a concern and how to respond. Include any special routines your child has for respiratory care.

## ***Rest and Sleep***

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Use this page to describe your child's ability to get to sleep and to sleep through the night. Describe your child's bedtime routine and any security or comfort objects your child uses. Does your child wake up in the middle of the night or have bad dreams? How do you handle these situations?

## ***Social and Play***

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Use this page to describe your child's relationships with other children as well as adults. Describe how your child shows affection, shares feelings, or plays with other children. Describe what works best to help your child get along or cooperate with others. Describe your child's favorite things to do. Include any special family activities or customs that are important.