

DEMOGRAPHIC INFO

My Full Name: _____ My Birthdate: _____

My Nickname: _____

COMMUNICATION

How do I communicate? _____

Commonly used language, terms or phrases I say and what they mean: _____

Go to phrases I use and what they mean: _____

TOP THINGS TO KNOW

My favorite things (people, foods, clothing, TV/movies, music, hobbies, high interest topics, etc):

Things I don't like (certain people, being touched, weather, sounds, words/phrases, babies, color yellow, clothing, etc):

Things I'm afraid of: _____

Things that might make me upset: _____

Things that help me calm down (songs, books, movies, items, places to go to calm down, etc):

How to introduce me to new people/items/locations etc.: _____

IMPORTANT CONTACTS

Important Family/Friends Contact Information: _____

Supports Coordinator/Case Manager/Support Staff Contact Information: _____

MEDICAL INFORMATION

Primary Care Doctor Contact Information: _____

Psychiatrist/Specialist Contact Information: _____

Medications/Dosages Being Taken/What are they for: _____
