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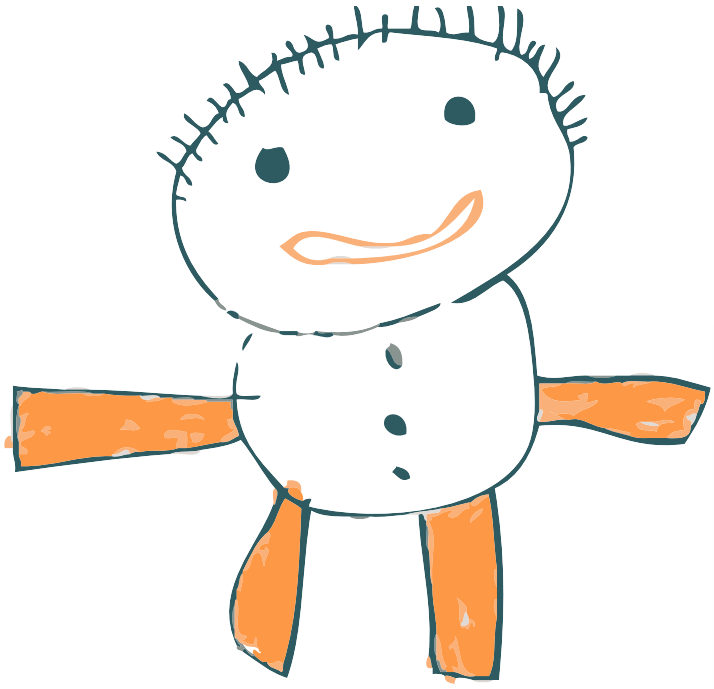
All About Me

YOUR NAME



CHILD

Contents

This is Me

My name is: _____

I am _____ years old.

My birthday is on: _____

The school I go to is: _____

My teacher's name is: _____

These are some pictures of me:

Place your photo here	Place your photo here	Place your photo here

My **favourite people and things** are (for example, friends, pets, books, etc.):

My **favourite places** are (for example, home, park, community centre):

This is My Family

These are the people who live in my home:

Your Mom's photo

My Mom's name is:

_____

Your Dad's photo

My Dad's name is:

_____

These are the names of other people who live with me:

_____ ☐ brother ☐ sister ☐ other _____

_____ ☐ brother ☐ sister ☐ other _____

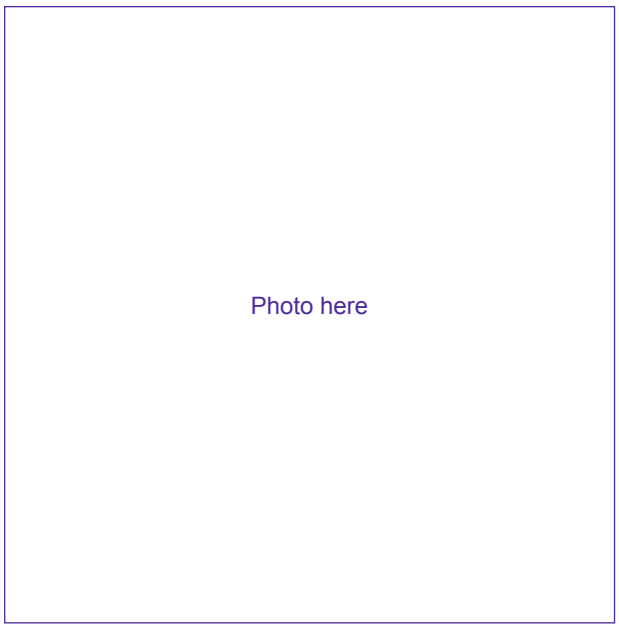
_____ ☐ brother ☐ sister ☐ other _____

_____ ☐ brother ☐ sister ☐ other _____

_____ ☐ brother ☐ sister ☐ other _____

_____ ☐ brother ☐ sister ☐ other _____

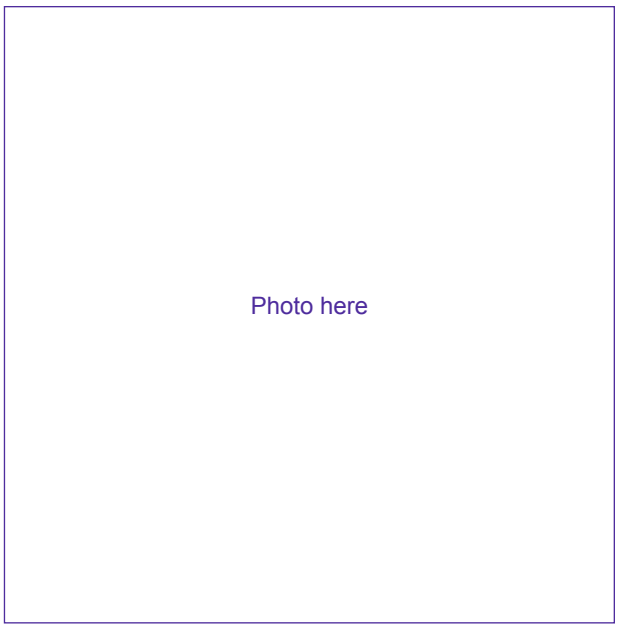
Here are photos of some of the people who live with me:



Names: _____

_____

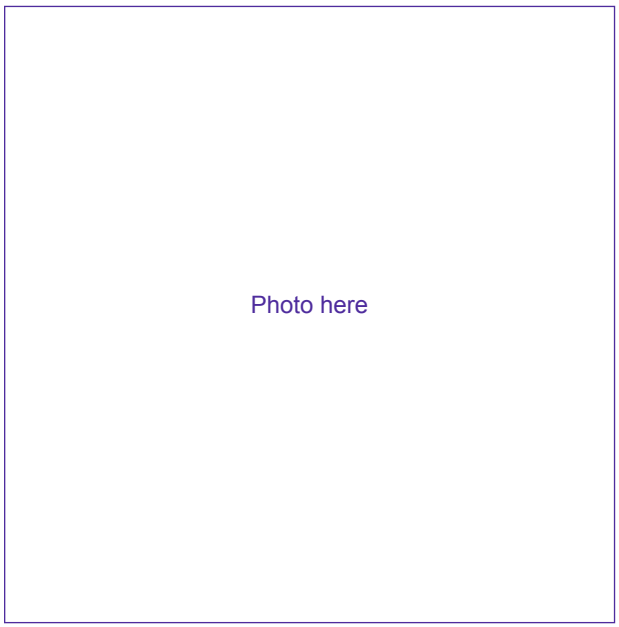
_____



Names: _____

_____

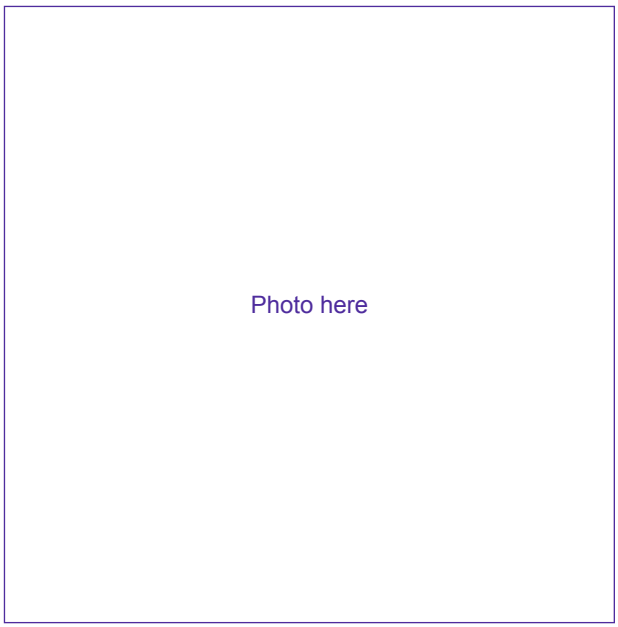
_____



Names: _____

_____

_____



Names: _____

_____

_____

Emergency & Medical Contacts

Emergency Contact #1:

Name: _____ Relationship: _____

Home:_____

Work: _____

Cell: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Home:_____

Work: _____

Cell: _____

Emergency Contact #3:

Name: _____ Relationship: _____

Home:_____

Work: _____

Cell: _____

Parents/Guardians/Caregivers:

Name: _____ Home: _____

Work: _____

Cell: _____

Name: _____ Home: _____

Work: _____

Cell: _____

Health Card #: _____

FAMILY DOCTOR

Name:_____

Phone Number: _____

FAMILY DENTIST

Name:_____

Phone Number: _____

SPECIALISTS

Name:_____

Phone Number: _____

Name:_____

Phone Number: _____

Name:_____

Phone Number: _____

PHARMACY

Name:_____

Phone Number: _____

911 service ☐ **is** ☐ **is not** available in my area

If not, please list:

Preferred Hospital: _____

Phone: _____

Address: _____

Other Emergency Numbers (If applicable)

Ambulance: _____

Poison Control Centre: _____

Police: _____

Fire: _____

Other Agencies I am Involved With:

Agency	Contact Person	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Medical Information

My _____ tells me that my diagnosis is _____

_____

Medications:

1. Name of Medication: _____ Dosage: _____

   When it should be taken: _____ Reason I take it: _____

2. Name of Medication: _____ Dosage: _____

   When it should be taken: _____ Reason I take it: _____

3. Name of Medication: _____ Dosage: _____

   When it should be taken: _____ Reason I take it: _____

4. Name of Medication: _____ Dosage: _____

   When it should be taken: _____ Reason I take it: _____

I require support in taking my medication: ☐ Yes ☐ No

My medication is usually taken by _____

I prefer my medication to be _____

(crushed, with juice, etc.)

Special instructions/ precautions for giving medication to me:

_____

_____

I am allergic to: _____

(medication, food, environmental)

Please explain: _____

_____

Date of my last doctor's appointment: _____

My immunizations are up to date: ☐ Yes ☐ No

My Vision: _____

My Hearing: _____

My Mobility: _____

My Respiratory: _____

My Skin Care: _____

I experience seizures: ☐ Yes (explained below) ☐ No

Details about my seizures (triggers, frequency, etc.):

Absence (Petit Mal): _____

_____

Tonic-Clonic (Grand Mal): _____

_____

Complex-Partial (Psycho Motor): _____

_____

The support I require during and following a seizure is: _____

_____

_____

Other medical information you should know about me:
(conditions, contagious diseases, equipment, supplies, support needs)

_____

_____

_____

_____

_____

_____

Communication

I communicate:

Method	always	sometimes	never	Comments
by using words:	☐	☐	☐	_____
by using signs:	☐	☐	☐	_____
by using bliss/PECS:	☐	☐	☐	_____
by using gestures/: facial expressions	☐	☐	☐	_____

More information about how I communicate: _____

_____

If I need or want something, I will let you know by: _____

_____

My special words, signs, gestures are: _____

_____

When you are communicating with me, I need you to:

Method	always	sometimes	never	Comments
Make eye contact:	☐	☐	☐	_____
Use smaller sentences:	☐	☐	☐	_____
Control your tone of voice:	☐	☐	☐	_____
Use gestures/ facial expressions:	☐	☐	☐	_____
Use signs/PECS/bliss:	☐	☐	☐	_____

Other information about Me

_____

_____

_____

I Like to Eat

Things that I can make or get for myself are: (i.e., coffee, tea, cereal and meals):

_____ _____

_____ _____

I need assistance to prepare:

_____ _____

_____ _____

Time: _____

Breakfast Foods: _____

_____

_____

_____

Time: _____

Lunch Foods: _____

_____

_____

_____

Time: _____

Dinner Foods: _____

_____

_____

_____

Snacks: Times: _____ Types: _____

_____ _____

_____ _____

I need assistance to eat: ☐ Yes ☐ No

You can help me eat by: _____

I need special equipment to eat: ☐ Yes ☐ No

Details: _____

Some foods I eat require special preparation. (i.e. mashed, pureed, cut up finely)

_____

_____

_____

Length of time it takes me to eat: _____

I ☐ (am) ☐ (am not) prone to choking spells.

Foods I should not eat and why: _____

_____

_____

BEVERAGES I LIKE: (I need to use a straw: ☐ Yes ☐ No)

☐ Milk	☐ Juice	☐ Coffee	☐ Chocolate Milk
☐ Pop	☐ Tea	☐ Hot Chocolate	☐ Water
☐ Other _____			

SNACKS I ENJOY:

☐ Potato Chips	☐ Raisins	☐ Ice Cream	☐ Yogourt
☐ Cookies	☐ Nuts	☐ Pudding	☐ Fruit
☐ Candy	☐ Crackers	☐ Jello	☐ Gum
☐ Cereal	☐ Cheese	☐ Apple Sauce	☐ Chocolate

☐ Other _____ _____ _____

_____ _____ _____

_____ _____ _____

Bedtime

I usually go to bed at _____, and I usually wake up at _____ in the morning.

I _____ wake up at night.

always / sometimes / almost never / never

If I do wake up it is usually for _____

_____

I ☐ (require) ☐ (do not require) assistance during the night.

When I do require assistance it will be for _____

_____

I ☐ (need) ☐ (do not need) repositioning during the night.

I sleep in a ☐ (bed) ☐ (bed with rails) .

I like to have my bedroom door _____ and the light _____.

open / shut on / off

Other helpful things to know, (number of blankets, pillow, nightlight, toys, etc):

_____

_____

_____

_____

_____

My Daily Life

When I'm getting dressed, I can do everything on my own: ☐ Yes ☐ No

You can help me by: _____

_____

When I need to go to the bathroom I will:

Go by myself: ☐ Yes ☐ No

Let you know by: _____

Need your assistance with: _____

_____

I wear: ☐ Underwear ☐ Diapers ☐ Pullups ☐ Briefs

And extras can be found:_____

When it comes to personal hygiene, I am totally independent: ☐ Yes ☐ No

I need some help:

Bathing: ☐ Yes ☐ No Comments: _____

Washing hands and face: ☐ Yes ☐ No Comments: _____

Brushing teeth: ☐ Yes ☐ No Comments: _____

Combing/Brushing hair: ☐ Yes ☐ No Comments: _____

Feminine Hygiene: ☐ Yes ☐ No Comments: _____

Other: ☐ Yes ☐ No Comments: _____

During the day I like to have a rest/nap: ☐ Yes ☐ No

Time: _____

Place: _____

My Recreation Life:

My favourite toys and games are: _____

_____

_____

My favourite activities are: _____

_____

_____

My favourite sports are: _____

_____

_____

My favourite places to go are: _____

_____

_____

My favourite people to get together with are: _____

_____

_____

My favourite TV programs are: _____

_____

_____

It is preferred that I not watch: _____

_____

Other things I enjoy: _____

_____

_____

Feelings

The things that make me happy are: _____

_____

_____

_____

The things that make me sad are: _____

_____

_____

_____

The things that make me upset/angry are: _____

_____

_____

_____

Sometimes I am afraid: _____

_____

_____

_____

You can help me with this by: _____

_____

_____

_____

A day in my life looks like this:

6:30 _____

7:00 _____

7:30 _____

8:00 _____

8:30 _____

9:00 _____

10:00 _____

10:30 _____

11:00 _____

12:00 _____

1:00 _____

1:30 _____

2:00 _____

2:30 _____

3:00 _____

3:30 _____

4:00 _____

4:30 _____

5:00 _____

5:30 _____

6:00 _____

6:30 _____

7:00 _____

7:30 _____

8:00 _____

8:30 _____

9:00 _____

9:30 _____

10:00 _____

Other Information:

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CHAP
COMMUNITY HELPERS FOR ACTIVE PARTICIPATION

Haliburton, Kawartha, Peterborough, Northumberland

Northumberland Family Respite Services Inc.

Host Agency: Northumberland Family Respite Service Inc.
72 Walton Street Port Hope, On L1A 1N3
Phone: 905-885-6671 ext. 227 **Fax: 905 885-9758**
email: **respiteservices.com@northumberlandfamilyrespite.ca**