

Getting to Know Me

My Name:	Nickname:
Date of Birth:	Today's Date:
My Current Medicines/Doses:	
My Allergies:	
Things to Avoid: (food, activities, and procedures)	
My Equipment/Assistive Technology: (braces/orthotics, walker, wheelchair, communication device, home O ₂ , insulin pump, nebulizer, suction)	
Other Things I'd Like You to Know About Me:	
Ways You Can be Helpful to Me:	