## **Getting to Know Me**

My Name:	Nickname:	
Date of Birth:	Today's Date:	
A Little About Me:		
My Strengths: (things that are easy for me)		
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My Challenges: (communication, feeding, learning, mobility, social, energy, behavior)		
My Life in the Community: (school, childcare, place of worship, my favorite places)		
My Home and Family Information:		
My Diagnosis (Diagnoses):		
My Overall Health:		
My Prior Surgeries, Procedures, Lab/Diagnostic Studies:		

Originally developed by Seattle Children's Center for Children with Special Healthcare Needs with support from the Washington State Department of Health.

## **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 procedure	es)	
<b>My Equipment/Assistive Technology</b> : (braces/orthotics, walker, wheelchair, communication device, home O <sub>2</sub> , insulin pump, nebulizer, suction)		
Ways You Can be Helpful to Me:		