

# Getting to Know Me

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

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