

Getting to Know Me

My Name:	Nickname:
Date of Birth:	Today's Date:
My Diagnosis (Diagnoses)	
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	