**My Name is**:

This is me



And these things are the important things to know about me…..

1.

2.

3.

4.

5.

**Please read the rest of my personal profile for more information about me**

|  |  |  |
| --- | --- | --- |
| **Information about me** | | |
| **Date of Birth** | |  |
| Medicare card**Medicare No.** | |  |
| **Address & Phone number** | |  |
| **Main contact people** | | Key Worker/Main Carer:  Person responsible:  Who to contact in emergency:  GP: |
| **Religion and religious requests:** | |  |
| **ALLERGIES** | |  |
| **Current medications:** | | ***See Webster pack/medication chart*** |
| **Current medical conditions:** | |  Epilepsy  Diabetes   Reflux  Breathing problems   Diabetes  Heart Condition |
| **Consent**    **I…** | | * Understand most concepts and am able to consent * Understand most concepts but am not able to consent * Need parents/carers to consent on my behalf   Name of person consenting on my behalf………………………… |
| **Information for Medical Procedures** | | |
| **Taking Blood/ injections** |  I need special cream to numb the skin   I need someone to come to my home   I am Ok with my blood being taken | |
| **Examinations** |  please let me know first what you are doing   I am ok with someone examining me   I don't like people touching me   I don't like blood pressure/ stethoscopes– show to me first   I like my temperature taken by………………………... | |
| **How I take my medications** |  I can take them all in my mouth   I swallow them with water/ puree/ food   I need everything crushed or as a liquid   I need them given through my tube | |
| **Please read my:** | | |
|  Mealtime Management Plan   Enteral Feeding Plan   Manual handling plan   Personal care plan   Epilepsy management plan   Behaviour support plan   Oral care plan   Health Care plan   Other:  …………………………………………………  …………………………………………………  …………………………………………………. | | |

|  |  |
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| **Information about me** | |
| **Communication**  What I use to communicate with you |  Speech   Picture symbols board   Electronic communication device: …………………………...   Signing   Gestures e.g. pointing, pulling someone by the hand   Writing   Facial expressions   Behaviours e.g. crying, screaming, rocking in a chair, throwing, banging things:  …………………………………………………………………………………………………………………. |
| **Communication**    How I communicate….. | I’m in Pain: ……...…………………………………..  I’m hungry: …………………………………………..  I’m thirsty: …………………………… ……………….  I’m upset: ……………………………………………...  I need to go to the toilet:…………………………...  I’m confused:………………………………………  I’m worried:……………………………………….  I’m angry:…………………………………………….  I’m enjoying myself:…………………………………...  Making a choice:……………………………………….. |
| **How to help me understand and be prepared for new things:** |  Social stories   Showing a picture of what will happen *(circle)* photos/ line drawings   Using a timer   Showing the steps of what will happen in pictures e.g. visual schedule   Signing   Gestures e.g. pointing to what you are talking about   Showing objects e.g. car keys= going for a drive   Physically helping me to do something   Being shown first/demonstrating what will happen   Visiting a place first   Following others and doing what they do   Being familiar with the activity e.g. doing it over and over   Using short sentences   Waiting and giving me time to understand   Write things down |
| **Seeing and Hearing** |  I can hear well  I can’t hear well   I use: …………………………………..   I can see well   I wear glasses   Other ……………………………………………... |
| **Eating** |  I can feed myself   I need you to feed me   I need help opening packages   I use special cutlery………………………….   I eat normal meals   I need my food cut up (*bite sized pieces*)   I eat smooth pureed foods (Texture C)   I eat minced moist foods (Texture B)   I eat soft foods (Texture A)   I have a gastrostomy   Low fat diet   Low salt diet   Diabetic diet   High calorie diet |
| **Drinking** |  I can drink by myself   I need you to give me a drink   I drink normal fluids   I need small amounts   I drink mildly thick fluids (level 150)   I drink moderately thick fluids (level 400)   I drink extremely thick fluids (level 900)   I use a straw   I use a special cup…………………………………. |
| **Toileting** |  I need some help with using a normal toilet   I use continence aids   I am taken to the toilet on regular basis   I need suppositories   I use a catheter   I use a commode |
| **Sleeping** | I go to bed at: ………………………………………  I like to sleep: ……………………….(position e.g. on back, head elevated)  I use: ………………………………… to sleep (positioning equipment)   I sleep well   I need help moving in bed   Sometimes I wake to be moved |
| **Personal Care** |  I like to have a bath in (*circle)* morning/night   I like to shower in the (*circle)* morning/night   I need special equipment……………………………..   I like to choose my own clothes   I need help with……………………………………………  (e.g. dressing, showering, cleaning teeth)   I use dentures |
| **Moving around and transferring** |  I am able to get around by myself   I need help with…………………………….   I use a: …………………………………….. (e.g. frame/wheelchair)   I use a hoist to move from…..………….to …………………..   I need a 2 person lift for when………………………………… |
| **Keeping me & others safe**      *Things that keep me safe, things I do that might harm myself or worry/harm others* |  I need bed rails at night   I wear special seat belts in my wheelchair   I may run away if you are not watching  Other: …………………………………………………………………………………………….  …………………………………………………………………………………………….  ……………………………………………………………………………………………. |

|  |  |
| --- | --- |
| **Information about me** | |
| **What I like the best is:**    ***please do this!*** |  |
| **What I don’t like is:**    ***please don't do this!*** |  |
| **What makes me upset is:**    ***please don't do this!*** |  |
| **What helps me feel calm and/or settles me when I am upset is:**  ***please help me do this!*** |  |
| **These things encourage me to participate and co-operate with you** |  |
| **This is what level of support I need:** |  I need …………………….. to stay with me at all time   I need…………………….to stay with me just when I am doing…………………………   I don't need anyone to stay with me |

Completed by:………………………………

Date:…………………………………………….

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