**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**

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| **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 watchingOther: …………………………………………………………………………………………….…………………………………………………………………………………………….…………………………………………………………………………………………….   |

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| **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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