

My typical day looks like...

I like to do my hygiene in the...
 Morning Afternoon Evening

I like to: Shower Bathe

I wake up at _____:

I like to eat:

I like to do this after breakfast: _____

For lunch I like to eat: _____

After lunch I like to: _____

For dinner I like to eat: _____

After dinner I like to: _____

My favorite snack is: _____

I go to bed at _____:

My favorite tv show is: _____

If I am upset, I always: _____

One item/article of clothing that I always

need: _____

Something that scares me is: _____

Quick Info for the Medical Care Provider

Name: _____ DOB: _____

AGENCY: _____

Contact Person: _____ Phone #: _____

Supports Coordinator: _____ Phone #: _____

Diet: _____ Dysphagia: Yes No

Ambulation: _____

Allergies: _____

What are some key things the medical staff need to know about this person? _____

Diagnosis: _____

Allergies: _____

Likes? _____

Dislikes? _____

Triggers? _____

Communication? _____
