

# Health Profile



I have a disability. Please read this so you can best assist me.

## My photo

**Full name**  
.....

**What I like to be called** ..... **Date of birth** .....

**Something important to know about me** (examples: include your strengths, something you like about yourself or something you are proud of):  
.....  
.....  
.....

.....

## Important people to talk to about my health

**My doctor**  
.....

**Phone number**  
.....

**Other important people to talk to about my health**  
(examples: medical providers, aides, family or friends):

Relationship	Phone number
.....	.....
<b>Name</b> .....	
<b>Relationship</b> .....	<b>Phone number</b> .....

## I communicate by

**Check all that apply**

- Writing or typing
- Talking
- Sign language
- Pointing to words
- Pictures
- Using a device
- Gestures/body language
- Other

.....

**I understand these spoken language(s):**  
.....  
.....

## Emergency contacts

<b>Name</b> .....	
<b>Relationship</b> .....	<b>Phone number</b> .....
<b>Name</b> .....	
<b>Relationship</b> .....	<b>Phone number</b> .....



# Health Profile



## I am allergic to

**Medication or food**

.....

**My symptoms or reactions (list significant reactions)**

.....

**Medication or food**

.....

**My symptoms or reactions (list significant reactions)**

.....

## I need help with

**Check all that apply**

Eating

Drinking

Washing

Bathroom

Dressing

Other

.....

Other

.....

## I have dietary restrictions

**My food restrictions and reasons are: (examples: diabetes, intolerances, textures, smells)**

Food	Reason
.....	.....
Food	Reason
.....	.....
Food	Reason
.....	.....

## My devices and aids

**Check all that apply**

Glasses

Reading device/aid

Writing device/aid

Wheelchair

Service animal

Hearing aids

Walker/cane

Other

.....

Other

.....

Other

.....

## Self-expression

**I might get upset from: (examples: noises, lighting, being touched, smells, face masks)**

.....

.....

**When I am anxious or stressed, I feel better when:**

.....

.....

**When I am hurt or sick, I feel better when:**

.....

.....

**When I am in pain, I show it by:**

.....

.....

.....