



Get to know me!

How I communicate:

How I feel pain:

My name:

My birthday:

My caregiver(s) name(s):

My medications and
medical history:

Things that help me be
calm:

Things that upset me:

My favorite things:

Best way to communicate
with me:

This document gives our staff helpful information about your child so we can provide the best care possible.



1

2

3

4

5

No Pain

Worst Pain



Point to where it hurts

What I need:

<p>Food</p>	<p>Break</p>	<p>Toy</p>	<p>Drink</p>	<p>Bathroom</p>
--------------------	---------------------	-------------------	---------------------	------------------------

This document gives our staff helpful information about your child so we can provide the best care possible.