



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:

Best way to communicate
with me:

My favorite things:

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:

Food	Break	Toy	Drink	Bathroom
				

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