

## Individual Profile

Dear Caregiver(s),

This form has been designed and made especially for you. Please review it carefully as it will help you provide the best of care to my son/daughter. Thank you!

Family Member Cell Phone: \_\_\_\_\_

Family Emergency Contact: \_\_\_\_\_

Physician: \_\_\_\_\_

## My Daily Care

Bathroom Specifics: \_\_\_\_\_

Foods I like: \_\_\_\_\_

Foods I don't like: \_\_\_\_\_

How and When I like to eat:

Medicine/Food Allergies:

Food \_\_\_\_\_ Reaction \_\_\_\_\_

Medicine \_\_\_\_\_ Reaction \_\_\_\_\_

Medicine and when I must take it: \_\_\_\_\_

Things I do without help  
(Example: brushes teeth)

Things that I need help with  
(Example: bathes, but needs help regulating running water)

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Other information that would be helpful  
(Example: menstrual cycle)

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### To Best Support Me

How I let you know what I want or need: (Example: picture book, communication board, gesture, rocking, etc.)

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What consistent approach works best for me during difficult transition periods? (Example: afraid of thunderstorms, use Walkman headphones to help block out the noise)

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How I like to spend my time:

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Things that can upset me/ things that I do not like to do:

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Other important information (including instructions if I leave home with you):

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