

All About Me: Healthcare Profile

Complete and share with healthcare providers before visits.

Basic Information

My Name (First & Last): _____

Date of Birth: _____ **Pronouns:** _____

Preferred Name/Nickname (if different): _____

Communication Style: AAC Nonverbal Verbal Write/Type Other: _____

Support Person Name & Contact (if applicable): _____

My Diagnosis & Co-Occurring Conditions (Check all that apply or write your own.)

| | |
|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Stomach/Digestive System Issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sensory Processing Disorder |
| <input type="checkbox"/> Epilepsy/Seizures | |
| <input type="checkbox"/> Other(s): _____ | |

My Sensory Preferences & Needs

Things I find overwhelming (please avoid or ask first):

| | |
|--|---|
| <input type="checkbox"/> Bright lights | <input type="checkbox"/> Strong smells (cleaners, perfumes) |
| <input type="checkbox"/> Fast pace or rushed speech | <input type="checkbox"/> Touch (cold stethoscope, unexpected contact) |
| <input type="checkbox"/> Loud noises (alarms, intercoms, crowded spaces) | |
| <input type="checkbox"/> Other(s): _____ | |

Things that help me feel comfortable:

- Clear, step-by-step instructions
- Noise-canceling headphones
- Dim lighting
- Quiet room
- Extra time to process
- Weighted blanket/vest
- Fidget tools
- Other(s): _____

Pain & Medical Care

I express pain by: _____

Pain rating scale that works best for me:

1-10 scale Descriptive words Faces scale Other: _____

I may need support with:

Blood draws Exams Medical questions Shots Waiting rooms

Other(s): _____

Medical trauma triggers (if any): _____

Calming Strategies That Work for Me

- Deep breathing
- Talking to a support person
- Holding a familiar object
- Time to myself
- Listening to music
- Using a calming app
- Short breaks
- Visuals or written information
- Other(s): _____

Anything Else I Want You to Know