

My name is _____

I like to be called _____

My dob is _____ My NHS number is _____

I am allergic to _____

I also speak _____

Previous medical information you need to know _____

How to give me medication or tests

Behaviour triggers and how to respond to me _____

How to communicate with me and any special words I use

How to comfort and reassure me

How to support me with eating and drinking

How I use the toilet

What you need to know about my sleep

My likes



My dislikes


