**GET TO KNOW ME**

*Patient ID Sticker*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Information:

Name and Contact Info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Contact Info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I go to: *school*

I live with: *parents, guardians, siblings, pets*

I like: *Favorite animal, color, tv show*

I laugh when:

My main doctors and nurses are:

Family concerns about surgery:

Family goals for this surgery:

Things I don’t like/Please don’t do this:

Things I like/Please do this:

How to make my pain and discomfort better : *medicine, music, etc*

How you know I’m in pain or discomfort: *grimacing, heart rate elevation, etc*

**Other important things to know about me:**

**THINGS I’D LIKE YOU TO KNOW ABOUT ME**

**How I stay safe** *(bed rails, support with behavioral challenges, etc)*

**How I get ready for bed** *(pattern, medications, devices, schedule etc)*



**How I eat and drink** *(risk of choking, thickened feeds, textures, GTube feed schedule, etc)*



**How I do my personal care** *(dressing, washing, toiletry program/routine, etc)*



**How I move on my own/What helps me move** *(“I can grab a toy,” “I wave my right hand”, wheelchair, etc)*



**How I interact and communicate** *(seeing/hearing issues, ASL, ipad, etc)*

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