

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
- ☐ Dim lighting
- ☐ Extra time to process
- ☐ Fidget tools

- ☐ Noise-canceling headphones
- ☐ Quiet room
- ☐ Weighted blanket/vest
- ☐ 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
- ☐ Holding a familiar object
- ☐ Listening to music
- ☐ Short breaks
- ☐ Other(s): _____

- ☐ Talking to a support person
- ☐ Time to myself
- ☐ Using a calming app
- ☐ Visuals or written information

Anything Else I Want You to Know