

Getting to Know Me

Name:	Nickname:
Date of Birth:	Today's Date:
Who am I? How would I describe myself?	
What are my strengths/interests?	
What is my life like in the community? <i>(Things to consider: school, favorite places)</i>	
How would I describe my family situation? <i>(Things to consider: siblings, parents, other relatives, pets, where you call home)</i>	
What is my diagnosis (diagnoses) and what that means for me? <i>(Things to consider: doctor's explanation, my explanation)</i>	
What are my challenges? <i>(Things to consider: things that frustrate me about my illness, how people interact with me due to my illness)</i>	
What do I think of my overall health? <i>(Things to consider: limitations, things that bother me, things I can control)</i>	
What are my prior surgeries, procedures, lab/diagnostic studies?	
Date:	Procedure: Results:
What are my current medicines/doses?	

What are my allergies?

What are things to avoid?

(Things to consider: food, procedures, activities such as gym class, etc.)

What Equipment/Assistive Technology do I need?

Braces/orthotics Walker, wheelchair Communication device Home O₂
Insulin pump Nebulizer Suction Other:

What other things I'd like you to know about me and my condition:

How do I want information:

(Things to consider: tell me in writing, tell me alone, or tell me and my parents together)

Things I want help with:

Boundaries:

My responses to my illness:

(Things to consider: general responses, tired, excited, hungry)

How I want to be treated:

- It's OK to ask me if I need help.
- It's **not** OK to ask me if I need help
- It's OK to ask me details about my condition
- It's **not** OK to ask me details about my condition

For an electronic version of this form visit www.cshcn.org/planning-record-keeping/care-plans-parents/parents-create-care-plan



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