All About Me

WYOMING family TO family HEALTH INFORMATION CENTER

My name is _____

My nickname is _____

I live at: ☐ **Home** ☐ **School** ☐ **Foster home** ☐ **Hospital** **Other**_____

The names of the people in my family are:

First	Last	Relationship to me

Other people who know me well are (friends, babysitter, neighbors):

First	Last	Relationship to me

My pets:

Name of pet	Type of pet

TIP: **This form can help providers learn more about your child. It can also teach your child to describe his or her needs, likes, and dislikes. Give your child as much help as he or she needs to fill it out. Update as your child grows and changes.**

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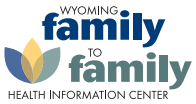

My birthday is _____

My favorites:

Toys _____
Games _____
Hobbies _____
Songs _____
TV shows _____
Animals _____
Colors _____

Things I like to do in my free time:

Things I like to do with my family:

Foods I like are:

Foods I do not like are:

My bed time is _____**. Before bed I usually:**

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Things I need help with (washing, brushing teeth, dressing, etc.):

Things I can do myself:

I like to:

I don't like to:

Things I do and places I go in the community:

Ways I communicate:

Special words or gestures with special meaning:

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When I am happy, I:

When I am sad, I:

When I feel pain, I:

My diagnosis is:

Important things to know about my diagnosis:

Other things to know about me:

Ways you can be helpful to me: