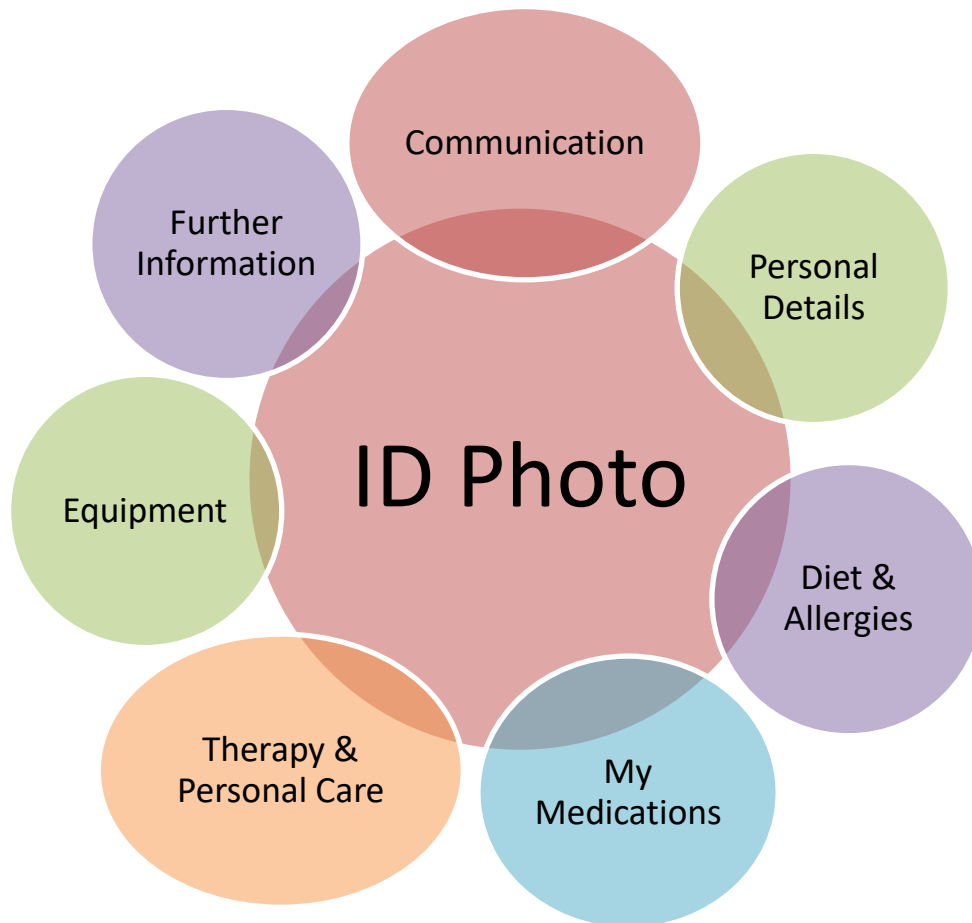


# All About ME



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## Introduction

This booklet was refreshed and compiled by young people with special needs based on their experiences of accessing health care and other services.

The aim of this booklet is to provide professionals and other family members with the information needed to help them understand what my needs are.

Please note this booklet can be downloaded and printed and added to at any time to meet individuals' needs.

## Acknowledgement

This booklet has been compiled by Barnardo's PosAbility in partnership with CYPSP (Children & Young People's Strategic Partnership).

**Scan QR Code to download**



# My Diagnosis

My main diagnosis is: \_\_\_\_\_

**NOTE: Further Medical information is available on page 7**

## Communications

This section will help all the people you come into contact with understand how you communicate and how to communicate with you through Makaton signs or symbols.



**Ways I may communicate with you (tick all that apply):**

My Parent/Carer will communicate on my behalf	<input type="checkbox"/>
Show you what I want by looking at it	<input type="checkbox"/>
Use Yes and No only	<input type="checkbox"/>
Use Makaton signs and symbols	<input type="checkbox"/>
Use a symbol/picture board which I point to with my eyes or hands	<input type="checkbox"/>
Use an electronic communication aid (including mobile phone)	<input type="checkbox"/>
Use speech as well as any of the above	<input type="checkbox"/>
Just use speech	<input type="checkbox"/>
Sign language	<input type="checkbox"/>
I need some processing time to communicate	<input type="checkbox"/>



**Further Details:**

# My Personal Details

This is for you to use and to keep. Some people will be able to use this book by themselves. Some people will need help to use the book. You can take this book with you when you go on different appointments so you will be given the right sort of support. The pages in this section ask you about your personal details. Fill in as much as you can.

My Name \_\_\_\_\_



Language that I Speak \_\_\_\_\_



My Address \_\_\_\_\_



Email: \_\_\_\_\_



Name of Parent/Guardian \_\_\_\_\_



Emergency Contact Numbers

1 \_\_\_\_\_ 2 \_\_\_\_\_



My Telephone Numbers

Home \_\_\_\_\_ Mobile \_\_\_\_\_



## About Me

Date of Birth \_\_\_\_\_



My Next of Kin/Family address and telephone number

\_\_\_\_\_ Tel: \_\_\_\_\_



My Doctors address and telephone number

\_\_\_\_\_ Tel: \_\_\_\_\_



Who Else Helps me



\_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_



# My Likes and Dislikes

My Likes 	My Dislikes 
My Triggers	What helps me to calm down and relax



## My Hobbies

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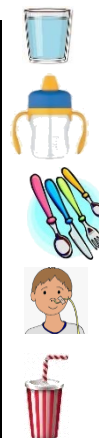


## Diet and Allergies



This section is to give other people information about the time you eat, the way you take your food and your favourite food and drink. In this section you should also inform professionals about any allergies you might have to food, medication or fabric.

### How I eat and drink: *(please tick)*

First ask me if I need help		I drink from a cup	
I use cutlery without help		I drink from a beaker	
I can use cutlery with help		I drink from a cup with a spout	
I need full help with feeding		I use a Straw	
I use adapted cutlery		I have a Nasal/Peg	
I just use a spoon		I have a gastrostomy	
<b>My food should be:</b>		<b>I drink using:</b>	
Liquidized			
Pureed			
Normal			
The times that I take my meals are:			



Further details: \_\_\_\_\_

<b>What I Eat</b> - Favourite Food/ Drinks 	<b>Allergies</b> – Fabric/Airborne/Food 
<b>What I don't Eat</b> – Food I don't like	

# Medications & Medical History

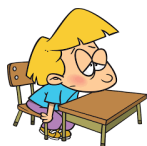
You can use this booklet to write down or draw what tablets or medicines you take. This will help people like doctors and nurses know what medicines you are taking and how many times you take them. In this section you can also record the times that you have been admitted to hospital and the details of your stay



Name of Medicine	When I take the Medicine	How I take my Medicine	Any known Side Effects – eg Rashes, tiredness, dizzy



Known Drug/Medicine Allergies	Any Other Medical Conditions I have



# Medical History




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## Hospital Admissions



Date of Admission	Details of Admission	Discharge date

## Therapy & Personal Care

This section includes your toileting needs and lists all the therapy provisions that you receive and the support you need when going to bed or with bathing/showering.



Therapist /Carer	Name	Contact Details
Speech & Language		
Physiotherapy		
Occupational		
Dietician		
Hydrotherapy		
Podiatry		
Other		



**Toileting: I use the following:** *(tick all that apply)*



Please ask me if I need help	<input type="checkbox"/>	Ask me what I prefer or don't like:
Toilet on my own	<input type="checkbox"/>	
Toilet with some help day and night	<input type="checkbox"/>	Other Help I need to use the toilet:
Remind me about Toilet breaks	<input type="checkbox"/>	
Nappies or pads	<input type="checkbox"/>	
Nappies or pads at night	<input type="checkbox"/>	
Potty	<input type="checkbox"/>	
Catheterization	<input type="checkbox"/>	
Laxatives	<input type="checkbox"/>	
Intermittent Catheterization	<input type="checkbox"/>	



**Personal Care Needs:**

<p>I need help with the following personal care – eg help with dressing, bathing/ showering /shaving:</p>	
<p>How I sleep:</p>	
<p>I need support to eg transfer from chair to bed/ access transport:</p>	

# Equipment & Maintenance

Who you should contact if my equipment is not working.



Equipment	Name	Contact Details

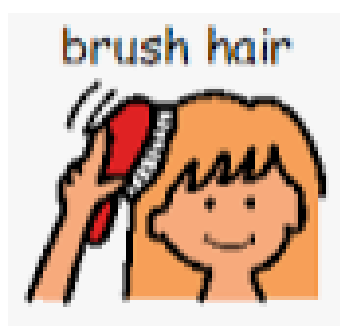


Example Board Maker Signs -

<https://www.twinkl.co.uk/search?q=Boardmaker+symbols>



wash hands



brush teeth



Example Makaton Signs -

[https://makaton.org/TMC/Free\\_resources.aspx](https://makaton.org/TMC/Free_resources.aspx)

**Drink**



**Lift cupped hand to mouth**

**To eat**

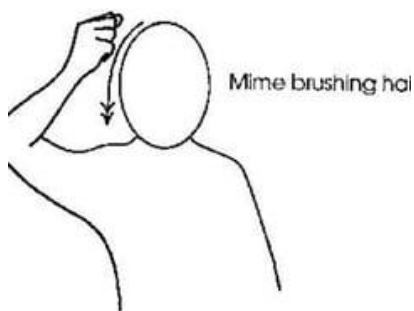


**Tap twice**

Wash



Mime brush hair



Brush Hair

Mime brush teeth



**Brush Teeth**

*Updated July 2024*

