

## "About Me" Profile



<b>Name/ Preferred Name:</b>	
<b>Important Medical Info:</b> (conditions, allergies, mobility needs)	
<b>Daily Routine:</b> <ul style="list-style-type: none"><li>• Wake-up time:</li><li>• Meals (times &amp; preferences):</li><li>• Bedtime:</li></ul>	
<b>Likes / Dislikes:</b>	
<b>Comfort Items / Reassurance Tips:</b>	
<b>Communication Style:</b> (e.g. clear short sentences, needs glasses, repeats questions)	

### Emergency Contacts:

Primary contact (name & number): \_\_\_\_\_

Secondary contact: \_\_\_\_\_

GP / Doctor: \_\_\_\_\_