



ABOUT ME

**Complete this form and use as an additional aid for information about you.
Take this form to a first-time visit with a health care practitioner.**

Hello _____ My name is _____ I like to be called _____

I want you to be able to help me get the most out of this appointment and I want us to be able to communicate. It is important that you see me as a person first and that you treat me like all of your other patients. I am an individual with a disability and I would like to use this paper to help you understand how my disability affects me and how I communicate. Together we can understand what's going on with me. My support person can help me do the things you want me to do after we leave today.

Insurance	
MA#	

The person with me is: _____

My primary support person is _____

My support group is:

Family member(s)		Personal Care Attendant	
Job coach		Neighbor	
Guardian		Interpreter	
Case Manager		Other	

I am working:

My job is: _____

Hours a week: _____

My allergies include:

Food _____

Medicine _____

Other (latex, etc.) _____

What I want you to know about how my disability affects me:

My triggers and/or sensitivity issues are: _____

