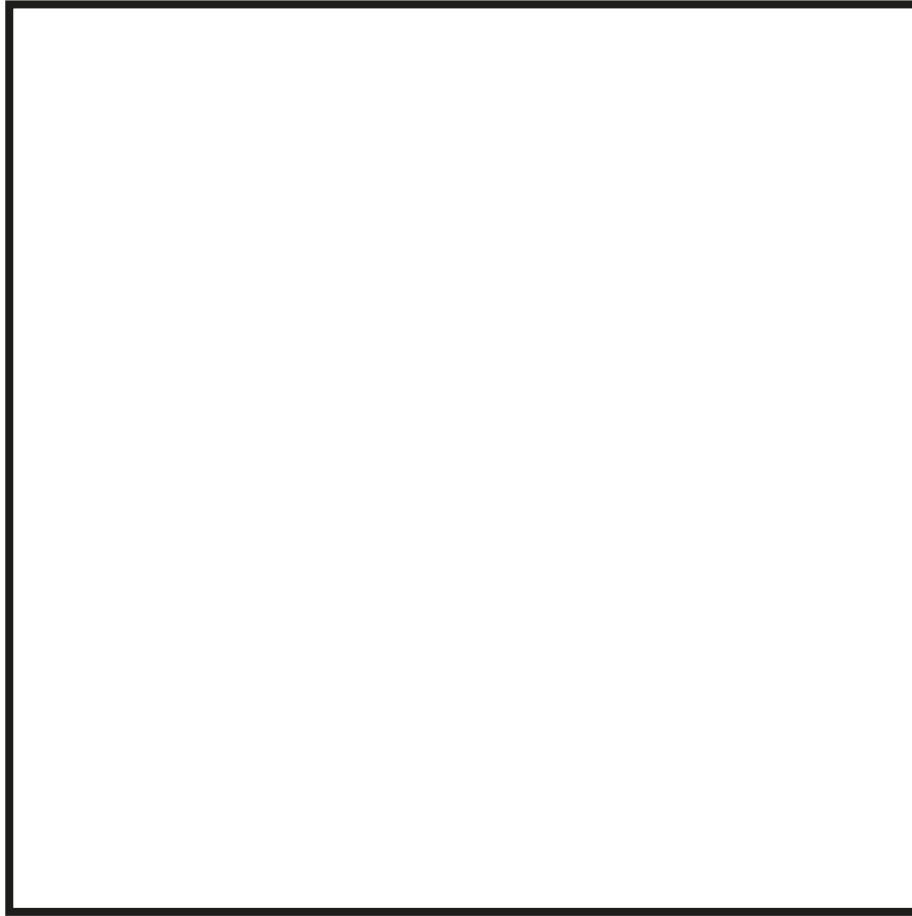


All About Me



My name is

I like to be called

and I am years old

PLEASE READ!

**This book will help you get to know me
and how I communicate.**













Please update at the end of each year (please see back page)



Produced & Designed by
IncludeMe TOO 2011 updated 2020
All symbols provided by Swiss

All About Me

Me and my daily routine

 Time	 Morning
	 Medication Dosage
 Time	 Afternoon
	 Medication Dosage
 Time	 Evening
	 Medication Dosage
 Time	 Night-time
	 Medication Dosage

Essential Information



The person responsible for me is



Telephone Number



Relationship to me



Language they speak



My religion is



My ethnic background is



You can help me maintain my culture and beliefs by

.....

MEDICAL STUFF



Allergies I have



Current medication and how I take it (example: syrup/crushed tablet/
through a syringe in my mouth/with food/other)

Current medical conditions and brief medical history

Medical intervention, how to take my blood, give injections etc.

(please copy ● and select which apply)

I am Autistic/I have Austistic tendencies ☐

I have a behaviour plan ☐

I am Epileptic ☐

I have an epilepsy plan ☐

I have a feeding plan ☐

I have an asthma plan ☐

If I get distressed or unsettled whilst attending an appointment or during an overnight
stay at hospital this is how you can help me to calm down

.....

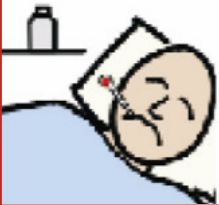
Things you must know about me

About Me

When I'm ill or in pain you can tell because I



(Example: become quiet, start tapping my head, ears, tummy, cry, become unsettled, start pointing, become noisy)



When this happens I need

How I Communicate...



How I express myself

(Example: movements, sounds, eye pointing, facial expressions, clapping, gestures, pointing to objects, pictures)

How I say yes or no:

.....

Communication aids I use

(please copy ● and select which apply)

☐ Voice Output Communication Aid

☐ Using sounds

☐ PECS (Picture Exchange Communication System)

☐ Using British Sign Language

☐ Using Makaton

☐ Using Symbols The symbols I use are.....

☐ Other.....



My Understanding

How I Communicate...



Sensory Information



I can see...

(Example: objects on plain backgrounds, lights colours, images/picture, symbols or words, I wear glasses)



I can hear...

(Example: sounds, recognise and understand single words, simple sentences, more complex conversation, wear hearing aids)



I respond to being touched by...

(Example: I may be sensitive, shy or startled when touched)



How do I get on with people

Things you need to know about me



My Personal Care needs

I would prefer to be looked after in the hospital by

(please copy ☒ and select which apply)



Woman Nurse ☐



Man Nurse ☐



Dressing and washing

I need help with dressing ☐

You can help me by

I like to wear



I prefer to have a bath ☐



I prefer to have a shower ☐

When I take a bath/shower/clean my teeth I need help with

.....



Going to the toilet

When I need to go to the toilet I may let you know by

.....

I wear pads/I have a catheter/I have a colostomy (please delete)

I need help with

.....



Sleeping

(Example: sleep pattern, sleep routine, positioning, turning)

.....

.....



Level of care (Example: Who needs to stay and how often)

.....

How to keep me safe

(Example: supervision needed, someone with me at night, bed rails, lowered bed)

.....

Things you need to know about me



Eating and Drinking

(please copy ● and select which apply) I have a feeding plan Yes ☐ No ☐

Important: You must not feed me until you have read my feeding plan

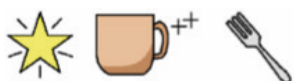
My swallowing needs are

I have a special diet

There are some foods I must not have, they are

Position and equipment I use to eat and drink (Example: which hand I prefer to be supported with to eat, which spoon, fork, built up dish, special cup)

.....



I eat and drink using
(Example: spoon, fork, built up dish, special cup)

.....

I need the following help to eat and drink

My favourite foods and drinks are

The foods and drinks I do not like are



Seating and Mobility

(Example: Sitting, Standing, Walking, Manual Wheelchair, Power Chair, Walker/Body, Splint, Feet Splints, Specials boots/shoes)

MOVING AND HANDLING

When I sit I use

When I move around I need

When I lie down for a rest or sleep I need

Some positions are uncomfortable for me, these are

.....

When I am at home or school I have special exercises, these are

.....

I need to be supported to do these exercises

..... times in a week for minutes per day

Things you should know about me

Important people in my life



Add photos of family & friends

What I enjoy doing during my day at home / school/ college/ work

Things you should know about me



Things I like



Things I don't like



When I'm happy



When I'm grumpy, angry or annoyed

Communication Passport

Record of Updates & Reviews

You need to complete this page each time you make a change and review my Communication Passport.

Please confirm the agreed times my Communication Passport will be reviewed.

(please copy ☒ and select which apply)

Monthly ☐

Every three months ☐

Every six months ☐

Every Year ☐

Other ☐

Date changes made to my communication passport	My Communication Passport was updated by (please confirm persons name)	What were the changes made to My Communication Passport	What information was added to my Communication Passport

Designated person responsible for updating passport is

(please copy ☒ and select which apply)

Young Person ☐

Parent/Carer ☐

Professional ☐

Name..... Job title

People who have copies of my Communication Passport are

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