

Add photo here



My name is

Hand writing in a box



My carer's name is

Hand writing in a box



My carer's phone number is

Hand writing in a box



I can say yes and no



Yes



No



I am allergic to some medicines



Yes



No



I am allergic to the following medicines

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I have a medical condition, like asthma



Yes



No



I have the following medical condition

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I take regular medication



Yes



No



I take the following medication

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I need support to take my medication



Yes



No



I need the following support to take my medication

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I usually breathe without help



Yes

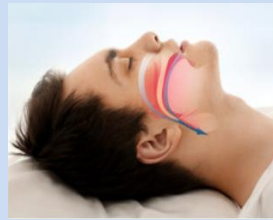


No



I need the following help to breathe

Hand writing in a box



My airway is usually clear



Yes



No



I have the following difficulty with my airway

Hand writing in a box

I can usually swallow without help

Yes No

I have the following difficulties swallowing

I need support when I have blood tests

Yes No

I need to the following support when I have blood tests

I need support to eat

Yes No

I need to the following support to eat

I need support to drink

Yes No

I need to the following support to drink

I communicate using:

Speech Signing Pictures or symbols

My preferred language is:

I can understand information

Yes No With support

I will show you I am in pain by

I will show you I am worried or upset by:

