All about me



We want to help you in the best way for you. **To do that, we'll talk with you about how you're feeling today**. Please fill in this form so we can understand you better and know how to support you. You can do it with your family, carer or a member of staff if you'd like.

Who am I?

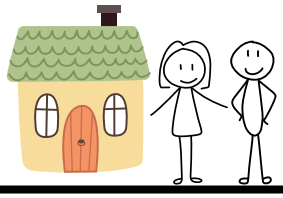


My name is:

I like to be called:

My pronouns are:

Things I want you to know about me:



I live with:



I like doing:

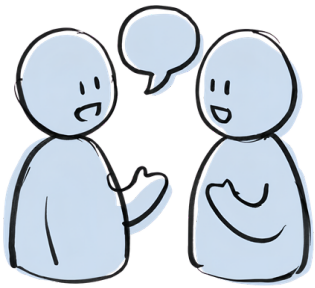


I don't like doing:

Communication

This is how I communicate:

Please tick one option



Talking verbally ☐



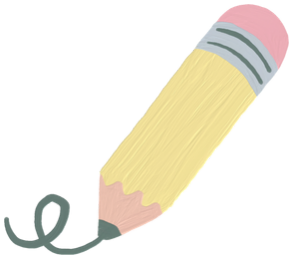
Pictures/photos ☐



Signing ☐



Gestures / body language ☐



Reading / writing ☐

Other information

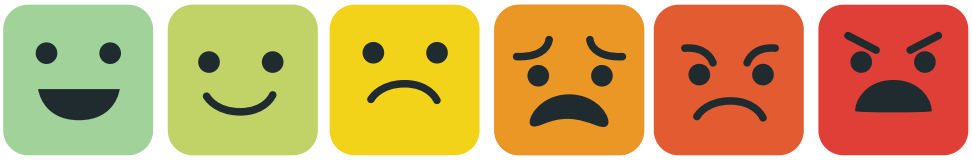


How is your physical health:

This means how well your body is functioning. Things than affect this include what you **eat**, how well you're **sleeping**, how much **physical acivity** you do and your **lifestyle choices**. Please let us know if you have any physical health coniditons / difficutlies.

How you are feeling

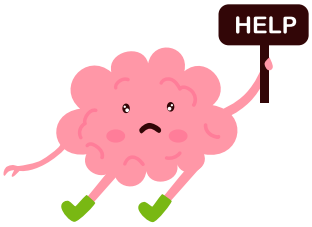
Circle how you are feeling right now





Has something happened for you to feel like this?

If so, can you tell us what:



How can we help you?



Things that are important to me:

This could include your faith, your values, your hopes for the future, your pets, your friends, your family...