



Supervision:

- I am independent
- I am independent with occasional supervision
- I feel safest with consistent supervision
- I benefit from close supervision to prevent wandering

Support that helps me stay safe:

- With support, I can make safe choices
- I'm learning to create supportive and safe friendships
- I feel safest with support when I'm out in the community
- Support helps me with respecting boundaries

I can use the toilet:

- independently
- independent with gentle reminders
- with assistance
- I use both the toilet and protective wear
- I just use protective wear

Equipment that helps me thrive:

- I walk independently
- My walker/wheelchair helps me move safely and comfortably
- Glasses help me see my best
- I use hearing aids to make listening easier
- I am supported with a G-tube for feeding

Just a few more things you should know:

My favourite foods are:

1. _____
2. _____
3. _____

Foods I dislike:

1. _____
2. _____
3. _____

Food Allergies:

Food issues or concerns:





PERSONAL INFO

My name is: _____

My birthday is: _____

My address: _____

My phone number is: _____

My caregivers' names are: _____

My emergency contact is: _____



My Wellness Files



My health card number is: _____

My doctor's name is: _____

I have allergies to: _____

Things you need to know about my health: _____

My prescription medications and dosage details:

Medication	Times	Dosage



ABOUT ME

My top 5 superpowers include:

1. _____
2. _____
3. _____
4. _____
5. _____

Things that make me happy and calm:

1. _____
2. _____
3. _____

Things that can upset me:

1. _____
2. _____
3. _____

Strategies that help me when I'm upset:

1. _____
2. _____
3. _____

Important things to know about how I communicate:

1. _____
2. _____
3. _____

Goals that I would like to work on:

1. _____
2. _____
3. _____
4. _____
5. _____