

## Things you need to know about me.

This form provides important information about me to everyone who provides supports to me. My providers and the county MR/DD board staff responsible for my Service and Support Administration need to have a copy of this. Please assist me in keeping this information current.

My Name: \_\_\_\_\_ I like to be called: \_\_\_\_\_ I was born on: \_\_\_\_\_

My Address: \_\_\_\_\_

My Phone Number is: ( ) \_\_\_\_\_

<i>Immediate Family Member Names</i>	<i>Relationship</i>	<i>Phone #</i>
		( )
		( )
		( )
		( )
		( )

1. This is who you call in the event of emergency? (Name & phone # if not listed above)

\_\_\_\_\_

2. Please respect that:

I am my own guardian

My guardian is: \_\_\_\_\_

3. My Doctor's name and phone number are: \_\_\_\_\_

4. My Dentist's name and phone number are: \_\_\_\_\_

5. My preferred hospital is: \_\_\_\_\_

6. My medical conditions are: \_\_\_\_\_

\_\_\_\_\_

7. I am allergic to: \_\_\_\_\_

\_\_\_\_\_

8. I need the medications listed below:

<i>Medication</i>	<i>Dosage</i>	<i>When Is It Taken?</i>	<i>Other Instructions</i>

***Things you need to know about me.***

9. These are my favorite activities, when I like to do them and where I like to go: \_\_\_\_\_

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10. These are the things that I never like to do: \_\_\_\_\_

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11. These are my favorite foods and beverages: \_\_\_\_\_

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12. These are the foods and beverages that I do not like: \_\_\_\_\_

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13. These are the specific foods or beverages that I need: \_\_\_\_\_

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14. These are my favorite clothes and things I like to have with me: \_\_\_\_\_

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15. These are my best friends (Name & Phone #): \_\_\_\_\_

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16. This is where I work (or go to school or do during the day): \_\_\_\_\_

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17. This is the name and phone number of the person who supports me most of the time:

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18. My signature: \_\_\_\_\_

19. This is the date I signed this form: \_\_\_\_\_

20. This is the name of the person who helped me complete this form:

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