



Salvesen Mindroom Centre  
*support • inform • empower*

# About me



My Name is:

Age: \_\_\_\_\_

Who I live with: \_\_\_\_\_

Where I go to school: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

My Picture:



Allergies:



Medications:

Or refer to information stored securely elsewhere e.g. Smartphone



Likes:



Dislikes:



**What I want you to know about me:**

For example, I need help to tell the time. Or, I need time to understand instructions.



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