



"All About Me" Handbook!

A resource to help track your child's progress.



HOW TO TAKE CARE OF ME

Topics Covered In This Section:

- About This Section
- Medication Record
- Healthcare Providers
- Special Things About Me That My Caregivers Should Know



About This Section:

An overwhelming job for many families is bearing the responsibility for coordinating all the professionals and services involved with their child. You are your child's best advocate! Let us offer you some tools to assist you in collecting, keeping track of, and sharing information with your child's community health care providers. We will also offer you suggestions for working with professional, so that your child receives the best possible services and support. Stay involved and be ready to participate! This section will provide you with forms to help you keep track of important information about caring for your child.



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HOW TO TAKE CARE OF ME

MEDICATION RECORD

DRUG NAME:	WHY IS MY CHILD TAKING THIS DRUG?	DOSE:	HOW OFTEN?	DATE STARTED:	DATE STOPPED:























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HOW TO TAKE CARE OF ME

SPECIAL THINGS ABOUT ME THAT MY CAREGIVERS SHOULD KNOW

Health and Illness:

I have the following medical problems: _____

My special care needs are: _____

Special things you need to watch for (and why): _____



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My Special Care Needs

Health and Illness:

Special things I need to avoid (and why): _____

Things I need to take in my travel bag when I am away from home: _____

When I am getting sick, you can usually tell by: _____

Times you should call the Doctor include: _____



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My Special Care Needs

My medications that I need to take:

Medicine	How Much	How It's Given	Times Given	Why I Need This

The treatments you will need to do for me:

Type of Treatment	How To Do It	Times Done	Why I Need This



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My Special Care Needs

Special equipment I need to help me do things during the day:

Equipment	How To Use It	Safety Concerns	Where It Is Located

MEALTIME:

I eat my food by: (circle choice)

mouth gastrostomy mouth and gastrostomy other: _____

The foods I am supposed to eat include: _____



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My Special Care Needs

MEALTIME:

The foods I cannot eat are: _____

My schedule for eating is: _____

The place I eat for mealtimes is: _____

The amount of help I need from you at mealtimes is: _____

Special needs I have for feeding (including safety concerns): _____



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My Special Care Needs

COMMUNICATION:

I let you know what I need by: _____

The best way for you to communicate with me is: _____

TOILETING:

I toilet by: (circle choice) diaper potty chair regular toilet other: _____

My toileting routine is: _____

Special needs I have around toileting: _____



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My Special Care Needs

DRESSING/UNDRESSING:

I need you to help with: _____

I can do these things by myself: _____

Special clothing suggestions: _____

BATH TIME:

My bath time routine is: _____

To help keep me safe at bath time: _____



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My Special Care Needs

PLAY TIME:

My favorite toys and activities are: _____

The best place(s) for me to play: _____

Special things I am sensitive to or afraid of: _____

SLEEP TIME:

My usual sleep times are: _____

My sleep time routine is: _____

Special things about the way I sleep that you should know: _____



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My Special Care Needs

SAFETY:

I need extra supervision when: _____

I sometimes do things that are unsafe, they are: _____

BEHAVIOR:

_____ No significant behavioral concerns

I have some special behaviors that need your attention, they are: _____

Sometimes I behave this way when: _____

If I display these behaviors please do this: _____



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My Special Care Needs

BEHAVIOR: (CONTINUED)

I become frightened when: _____

It helps if you do this: _____

When I am having a tantrum it helps if you: _____

When I am fussy or whiny it helps if you: _____

If I need to be disciplined this works best: _____



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My Special Care Needs

IMPORTANT PHONE NUMBERS:

Primary Care Doctor: _____

Emergency: _____

Hospital of Choice: _____