About Me

This form will help your health team learn about you and serve you better.

You can complete this form before your next health appointment, meeting with fitness or wellness instructors, and then share it with your health team. You can also use this form when you are registering for a new class at a local community center or gym.

Who I am:

Full Name: _________________________________________________________

I live (check one box):
☐ By myself
☐ With my family
☐ With roommates
☐ In a group home
☐ Other (please describe) ____________________________________________

The biggest challenge I have to being healthy is: _______________________

I feel comfortable talking to you by myself about my health (check one box): ☐ Yes ☐ No

I am able to make my own decisions about my health (check one box): ☐ Yes ☐ No

Why I Am Here Today:

Describe the reason for your appointment or meeting:
### What I Need:

I communicate best by (check all that apply):
- [ ] Talking
- [ ] Writing or typing things down
- [ ] Using sign language
- [ ] Using a voice app
- [ ] Other (please describe) ______________________________________________________

It is OK to shake my hand (check one box):
- [ ] Yes
- [ ] No

Pictures help me understand things better (check one box):
- [ ] Yes
- [ ] No

I need space to use my wheelchair (check one box):
- [ ] Yes
- [ ] No

Bright lights bother me (check one box):
- [ ] Yes
- [ ] No

Too much noise bothers me (check one box):
- [ ] Yes
- [ ] No

I need a separate waiting room (check one box):
- [ ] Yes
- [ ] No

I like it when health professionals (please describe) _____________________________________________

I do not like it when health professionals (please describe) ________________________________

### How You Can Help Me (check all of the boxes that apply):

- [ ] Talk directly to me.
- [ ] Speak slowly.
- [ ] Do not use big words.
- [ ] Be patient.
- [ ] Give me time to speak.
- [ ] If you do not understand what I am saying, ask me to repeat myself.
- [ ] Do not make assumptions about me based on my disability.
- [ ] Get to know me.
- [ ] Ask me for my opinion.
- [ ] Include people with intellectual disabilities in all your health services, programs and policies.
- [ ] Treat me like everyone else.
- [ ] Other (please describe) ____________________________________________________________