

Important Information about me

MY NAME:

DATE OF BIRTH:

NAME OF MY PARENTS:

MY HOME ADDRESS:

MY HOME TELEPHONE NUMBER:

MY DIAGNOSIS (or MEDICAL CONDITION):

MEDICATION YOU NEED TO KNOW ABOUT:

MY SPECIAL DIET:

**Personal Passport
of**

I am moving from

to



Important things I want you know about me

Things I that might upset me are:

Things that I like to do are:

If I become upset, you could help by:

Places I like to go are:



My favourite thing to talk about is:



My strengths are:

Things I may need help with are:

Anything else you want to say?

Things I like to eat and drink are:

