

Who Am I?

Montefiore



UNIVERSITY of
ROCHESTER
MEDICAL CENTER



Westchester Institute
for Human Development

My name: _____

Nickname: _____

Age: _____

Preferred Pronouns: _____

I communicate by:

Verbal (I engage in spoken language)

Nonverbal (I mainly use gestures and facial expressions to express my wants and needs)

Visual (I use signs, picture communication, or written)

My Strengths & Preferences:

You Can Support Me By:

My Health Information:

Diagnoses/Conditions:

Medications:

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Email: _____

Additional Information:
