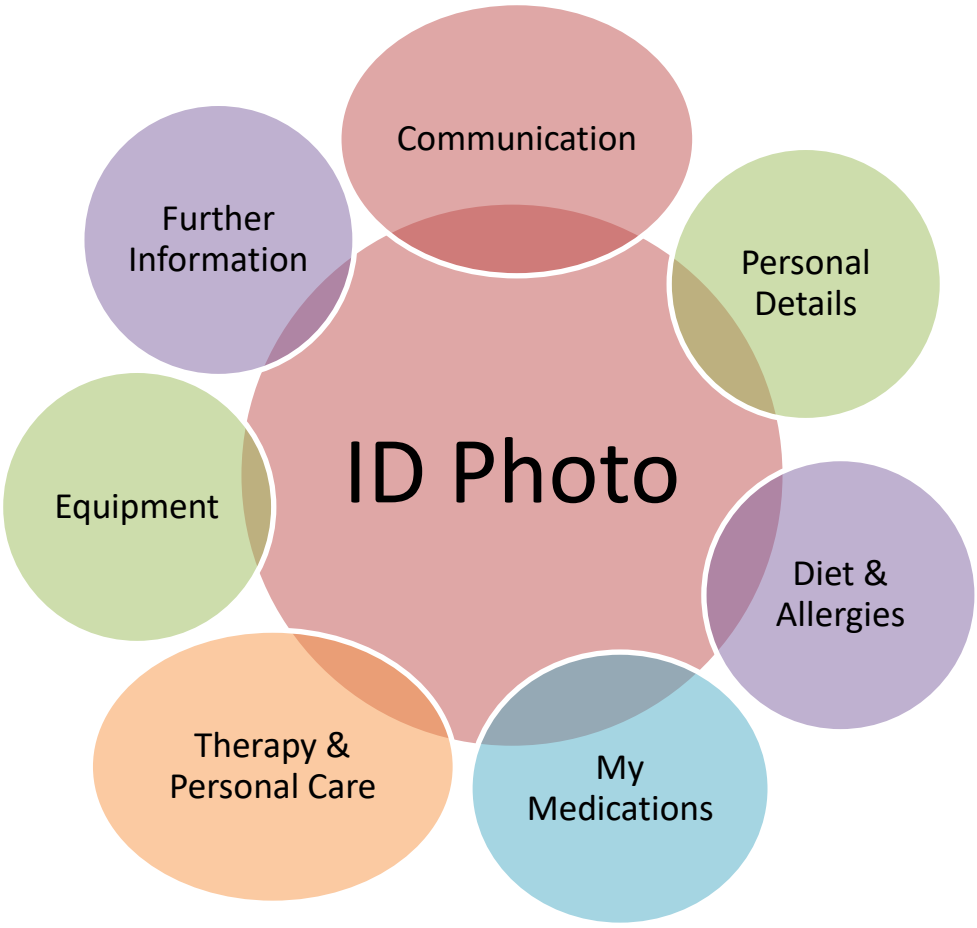
All About ME





CYPSP
Children & Young People's Strategic Partnership

BARNARDO'S NORTHERN IRELAND
Changing childhoods. Changing lives.

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Introduction

This booklet was refreshed and compiled by young people with special needs based on their experiences of accessing health care and other services.

The aim of this booklet is to provide professionals and other family members with the information needed to help them understand what my needs are.

Please note this booklet can be downloaded and printed and added to at any time to meet individuals' needs.

Acknowledgement

This booklet has been compiled by Barnardo's PosAbility in partnership with CYPSP (Children & Young People's Strategic Partnership).

Scan QR Code to download

SCAN ME

My Diagnosis

My main diagnosis is: _____

_____

NOTE: Further Medical information is available on page 7

Communications

This section will help all the people you come into contact with understand how you communicate and how to communicate with you through Makaton signs or symbols.



Ways I may communicate with you *(tick all that apply)*:

My Parent/Carer will communicate on my behalf	
Show you what I want by looking at it	
Use Yes and No only	
Use Makaton signs and symbols	
Use a symbol/picture board which I point to with my eyes or hands	
Use an electronic communication aid *(including mobile phone)*	
Use speech as well as any of the above	
Just use speech	
Sign language	
I need some processing time to communicate	







Further Details:

My Personal Details

This is for you to use and to keep. Some people will be able to use this book by themselves. Some people will need help to use the book. You can take this book with you when you go on different appointments so you will be given the right sort of support. The pages in this section ask you about your personal details. Fill in as much as you can.



My Name _____



Language that I Speak_____



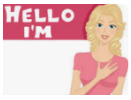
My Address _____

_____



Email: _____

Name of Parent/Guardian



_____

Emergency Contact Numbers



1_____ 2 _____

My Telephone Numbers



Home _____ Mobile _____

About Me



Date of Birth_____

My Next of Kin/Family address and telephone number



_____Tel: _____

My Doctors address and telephone number



_____Tel: _____

Who Else Helps me



_____Tel: _____

_____Tel: _____

_____Tel: _____

My Likes and Dislikes

My Likes 	My Dislikes 
My Triggers	**What helps me to calm down and relax**






My Hobbies






_____

_____

_____

_____

_____

_____

_____

Diet and Allergies

This section is to give other people information about the time you eat, the way you take your food and your favourite food and drink. In this section you should also inform professionals about any allergies you might have to food, medication or fabric.

How I eat and drink: *(please tick)*

First ask me if I need help		I drink from a cup	
I use cutlery without help		I drink from a beaker	
I can use cutlery with help		I drink from a cup with a spout	
I need full help with feeding		I use a Straw	
I use adapted cutlery		I have a Nasal/Peg	
I just use a spoon		I have a gastrostomy	
My food should be:		**I drink using:**	
Liquidized			
Pureed			
Normal			
The times that I take my meals are:			



Further details: _____

_____

What I Eat - Favourite Food/ Drinks 	**Allergies** – Fabric/Airborne/Food 
What I don't Eat – Food I don't like	

Medications & Medical History

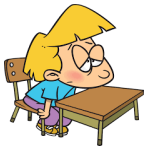
You can use this booklet to write down or draw what tablets or medicines you take. This will help people like doctors and nurses know what medicines you are taking and how many times you take them. In this section you can also record the times that you have been admitted to hospital and the details of your stay



Name of Medicine	When I take the Medicine	How I take my Medicine	Any known Side Effects – eg Rashes, tiredness, dizzy



Known Drug/Medicine Allergies	Any Other Medical Conditions I have









Medical History



_____

_____

_____

_____

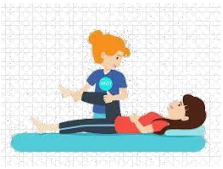
Hospital Admissions



Date of Admission	Details of Admission	Discharge date

Therapy & Personal Care

This section includes your toileting needs and lists all the therapy provisions that you receive and the support you need when going to bed or with bathing/showering.



Therapist /Carer	Name	Contact Details
Speech & Language		
Physiotherapy		
Occupational		
Dietician		
Hydrotherapy		
Podiatry		
Other		

Toileting: I use the following: *(tick all that apply)*



Please ask me if I need help		Ask me what I prefer or don't like:
Toilet on my own		
Toilet with some help day and night		
Remind me about Toilet breaks		
Nappies or pads		
Nappies or pads at night		Other Help I need to use the toilet:
Potty		
Catheterization		
Laxatives		
Intermittent Catheterization		



Personal Care Needs:

I need help with the following personal care – eg help with dressing, bathing/ showering /shaving:
How I sleep:
I need support to eg transfer from chair to bed/ access transport:







Equipment & Maintenance

Who you should contact if my equipment is not working.









Equipment	Name	Contact Details

Further Information about me

Example Board Maker Signs -

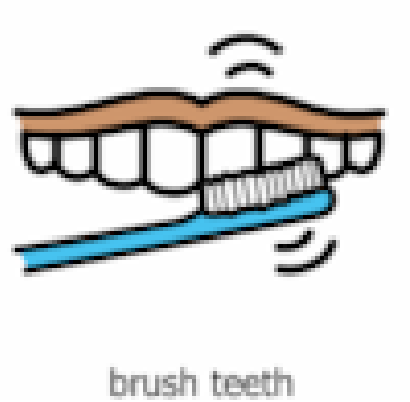
https://www.twinkl.co.uk/search?q=Boardmaker+symbols















Example Makaton Signs - https://makaton.org/TMC/Free_resources_.aspx





Wash





Mime washing whole body

Mime brush hair



Brush Hair

Mime brush teeth



Updated July 2024