



Children and Young Person's Health Profile

This document gives you information that will help you to provide healthcare for me. Please read it carefully and use the information it contains.

My name and address:	A photo of me can be put here
My hospital Number:	Date completed
Family / Carer contact:	Name and role of person completing this form





About My Health

My health needs (medical history):
Things I am allergic to:
Tablets or medicine that I take:
The support I need to take my tablets or medicine:
How you can tell that I am in pain or unwell:





How I need you to support me

(Including any reasonable adjustments I may need)

How I need you to support me:





How I need you to support me

(continued)

How we can best communicate:
Other important things I would like you to know about me: