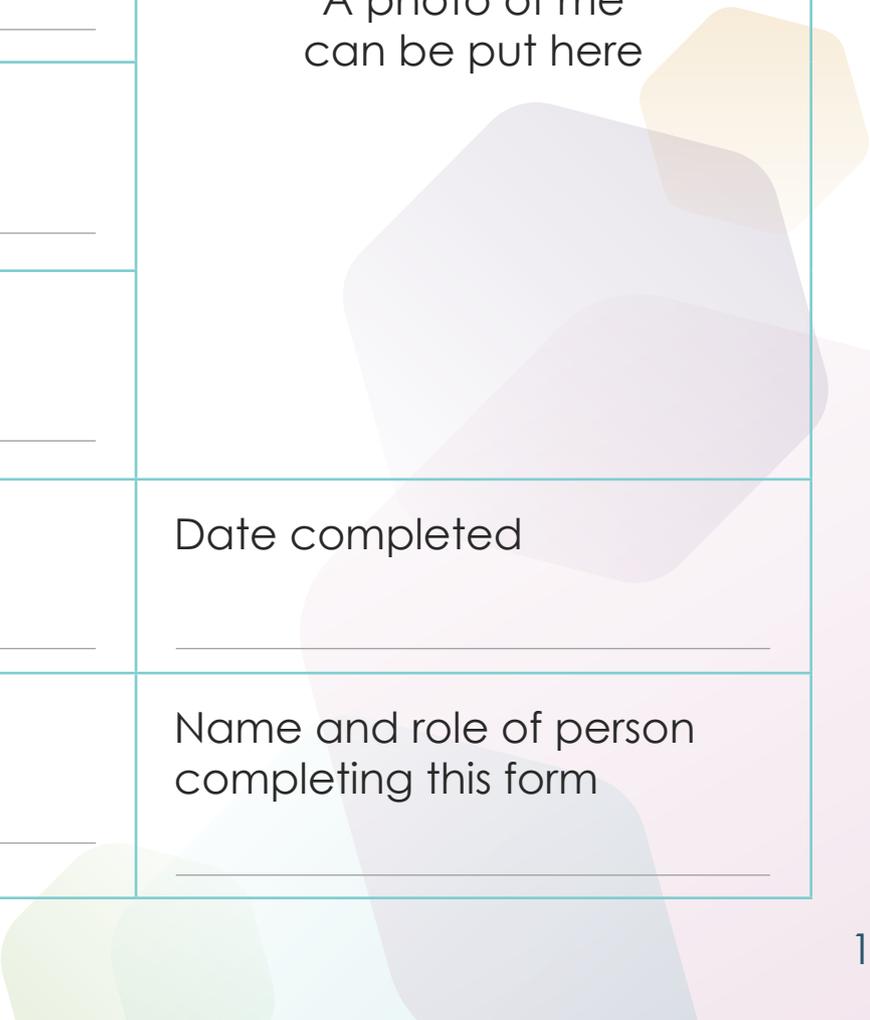


# Children and Young Person's Health Profile

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

<p>My name and address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>A photo of me can be put here</p> 
<p>I like to be known as:</p> <p>_____</p>	
<p>My date of birth:</p> <p>_____</p>	
<p>My hospital Number:</p> <p>_____</p>	<p>Date completed</p> <p>_____</p>
<p>Family / Carer contact:</p> <p>_____</p>	<p>Name and role of person completing this form</p> <p>_____</p>

# About My Health



My health needs (medical history):

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Things I am allergic to:

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Tablets or medicine that I take:

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The support I need to take my tablets or medicine:

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How you can tell that I am in pain or unwell:

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