**What I Would Like My Healthcare Provider to Know**

|  |  |
| --- | --- |
| **Hi! My name is:**Group of men with solid fill |  |
| **My birthday is:**Stork Baby outlineMonthly calendar outline |  |
| **I describe myself as:** |  |
| **My favorite color is:**Heart outline |  |
| **My favorite activity is:**Heart outline**Storytelling with solid fillDrama with solid fillSport balls with solid fillGame controller outline** |  |
| **My favorite toy is:**Heart outline**Rocking Horse outline** |  |
| **My favorite food is:**Heart outlineTable setting with solid fill |  |
| **Communication Type*****Circle:*** | Ear outlineLips outlineListening and Spoken Language? | Pen outlineWriting? | Sign language with solid fillSigning? | Other? |
| **Please Consider:**Warning outline | Background Noise  | My Cochlear Implant | My Hearing Device(s) | Other: |
| **Allergies**: |
| **Medications:**Medicine outline |
| **Hearing Device Use?**Circle: | Often | Sometimes | Never |
| **Why I am here today:** | I need a well check-upSmiling face outline with solid fill | I feel sickFever outline | I am hurtAdhesive Bandage outline | Other: |
| The place(s) where I feel sick or where it hurts is/are: (Caretakers please add information here too) |
| This is how much it hurts:Instructions for Use - Wong-Baker FACES Foundation |