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

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| **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 outline  Listening and Spoken Language? | | Pen outline  Writing? | | Sign language with solid fill  Signing? | | 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-up  Smiling face outline with solid fill | | I feel sick  Fever outline | | I am hurt  Adhesive 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 | | | | | | | |