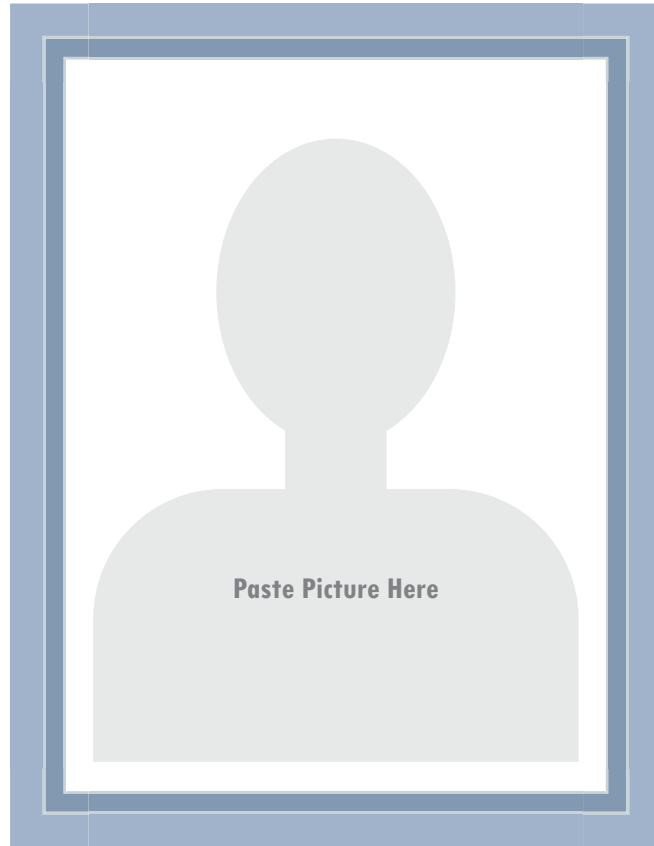


# My Communication Book



## About ME:

My full name is: \_\_\_\_\_

Please call me: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

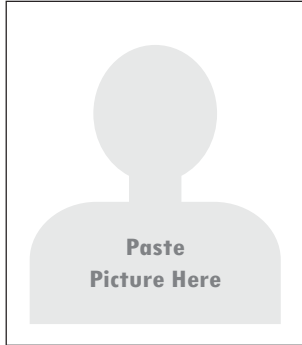
Date of Birth: \_\_\_\_\_

## How I communicate:

\_\_\_\_\_  
\_\_\_\_\_

# My Communication Book

## My Contact Person:



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

## My Primary Doctor:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Current Health Issues:

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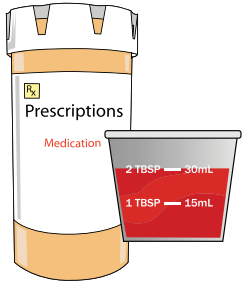
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# My Communication Book

## Current Medications:



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## Medical History:



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## Allergies:



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# My Communication Book



Things that I **DO** like:

A large empty rectangular box with a green border, intended for writing about things the user likes.


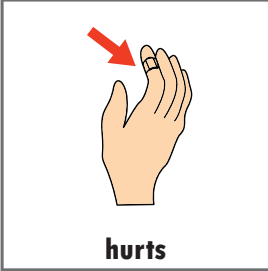


Things that I **DO NOT** like:


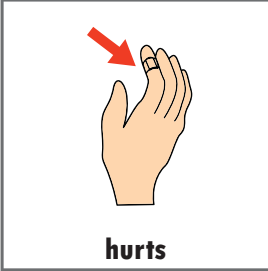

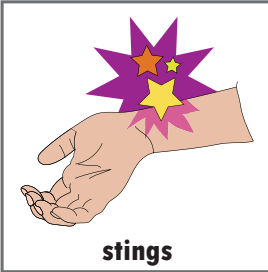
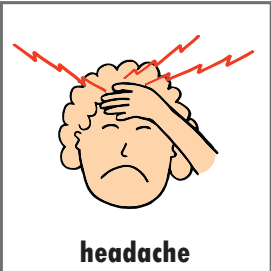
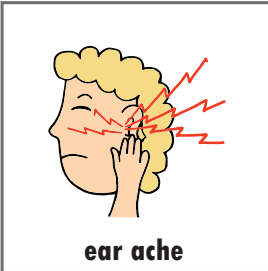

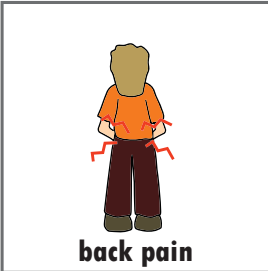
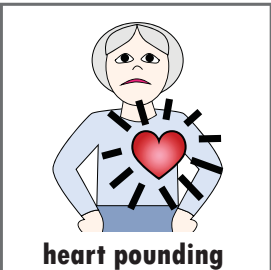
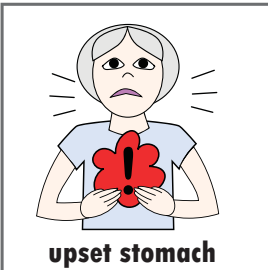
A large empty rectangular box with a red border, intended for writing about things the user does not like.

# My Communication Book

## Pain Chart

Pain Level		
10		
9		
8		
7		
6		
5		
4		
3		
2		
1		

	
itches	hurts
	
burns	stings
	
headache	ear ache
	
sore throat	back pain
	
heart pounding	upset stomach

# My Communication Book

## My Mobility:



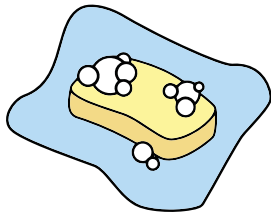
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## Personal Care:



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## Bathroom Care:



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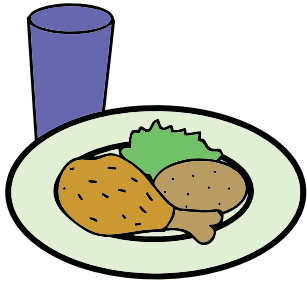
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# My Communication Book

**How to prepare my food:**



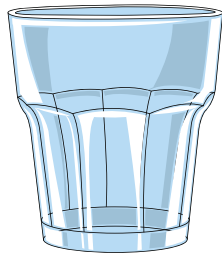
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**What I like to drink:**



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**Sleeping Routine:**



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# My Communication Book

Notes:

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