

# PERSON CENTERED HEALTH PROFILE WORKBOOK

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First Name, Last Name



Partnership for People  
with Disabilities  
Linking people. Changing lives.



Virginia Board for  
People with Disabilities

# WHAT I LIKE TO DO

# MY HEALTH PRIORITIES

WHY IT'S IMPORTANT TO ME TO BE HEALTHY

# WHO SHOULD I TALK TO ABOUT MY HEALTH?

HOME

WORK

OTHER PLACES

## AT THE DOCTORS OFFICE...

### Most of the time, I would like my health partner to:

Go with me to medical appointments: YES NO

Go with me to the exam room: YES NO

Be with me when I talk to the medical staff: YES NO

Help me remember what the medical staff said: YES NO

Other:

**What I like**

**What I don't like**

## IF I NEED TO CALM DOWN

### I SHOULD...

Take a deep breath

Take 5 - Find 5 things to see, 4 things to touch, 3 things to hear, 2 things to smell, 1 thing to taste

Ask to take a five minute break

Other:

### YOU SHOULD...

Speak in a calm voice

Reduce stimulation (noise, fluorescent light, sounds)

Help find a quiet place

Other:

## TALKING WITH ME ABOUT MY HEALTH

**Check as many boxes as you like and add your own!**

Talk directly to me, not the person who is with me

Do not share my personal information with the person who came with me

It's okay to share my personal information with the person who came with me

Write things down so that I can remember them later

Check with me to be sure that I understand what you are saying Speak slowly and clearly

I may not understand your words or accent

It's okay to joke around

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## HOW OTHERS KNOW I AM SICK

Tired, I want to sleep all the time and have no energy

I'm crabby or irritable

I'm too cold or too hot

I'm not hungry or thirsty

I don't move quickly

I cry easily

I want to be alone

I want to be in a quiet place

I have cold symptoms

I have a fever

I don't want to do the things I normally do

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# WORKBOOK AGREEMENT

1. I agree with all of the information that is written in this workbook
2. I will update the information on \_\_\_\_\_ (date)
3. I will share my One Page Health Profile with \_\_\_\_\_
4. I will copy the information in this workbook to my one page health profile on \_\_\_\_\_ (date)

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My Signature

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Health Partner's Signature