

PERSON CENTERED HEALTH PROFILE WORKBOOK

First Name, Last Name



VCU Partnership for People
with Disabilities



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

It's okay to joke around

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

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)

My Signature

Health Partner's Signature

NOTES

Let Us Know Your Thoughts!

Complete the survey about this workbook.

Scan QR code



