

Person Centered Health Profile

Name:

Date:

What I like to do

My health priorities

**People who help me
make decisions
about my health**

**What I like/don't like
at the doctor's office**

Like

Don't Like

**Things that help me
calm down**

**Talking with me
about my health**

Let Us Know Your Thoughts!

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VCU Partnership for People
with Disabilities
School of Education



**Virginia Board for
People with Disabilities**