



Salvesen Mindroom Centre
support • inform • empower

About me



My Name is:

Age: _____

Who I live with: _____

Where I go to school: _____

Diagnosis: _____

My Picture:



Allergies:



Medications:

Or refer to information stored securely elsewhere e.g. Smartphone



Likes:



Dislikes:



What I want you to know about me:

For example, I need help to tell the time. Or, I need time to understand instructions.



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