

MyCare Passport



If you are taking care of me while my parents or other family caregivers get a break, this is what you need to know about me.

PLEASE READ THIS

My full name is:

I like to be called:

My date of birth: _____

Attach
your
picture
here!

This passport has important information that you need to know so you can better support me. Please read this and keep it handy so you can refer to it if you have questions about my care that I cannot answer. Date completed: ___/___/___

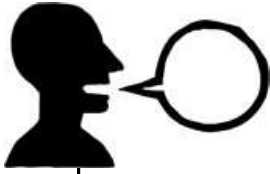


How to reach my parent/guardian during my care:

Additional copies can be obtained by contacting the NextStep Family Support office at 636-282-1414 / 636-933-3764 or by email at familysupports@nextstepforlife.org.

NextStep
for Life®





I communicate using:

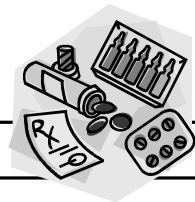
(ex. Speech, sign language, sounds, gestures, etc.)

My brief medical history:

(highlight chronic health problems, operations, illnesses, etc.)



My current medications are:

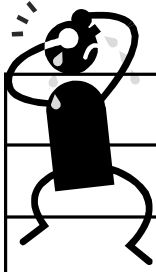


How I take my medication:

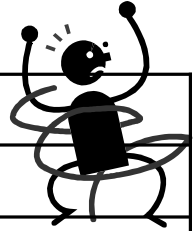


I am allergic to:

If I am in pain, I show it by:



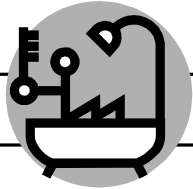
If I get upset, the best way you can help is by:



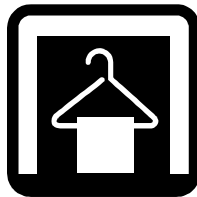
My mobility needs are:



When bathing I will need your help with:



When dressing I will need your help with:



During meals I will need your help with:



 like

 dislike



Here are some things I enjoy around me or I like to do:



Here are some things I do not want around me or I do not like to do:

Other stuff I want you to know about me:

Misc,