

All About Me

Fill out this form to help your nurses, doctors, and visitors get to know all about the amazing kid you are! You can draw, color or add anything you want to make it as special as you.

The Basics

Name: _____

Siblings (Names and Ages): _____

Pets: _____ Best Friends: _____

☐ I DO / ☐ DO NOT want to talk about my illness/injury.

Favorite Things

Activities: _____

Food: _____

Books: _____ TV Shows/Movies: _____

Music: _____ Color: _____

Place I love: _____

Things I **don't** like: _____

What Makes Me, Me

Three Words to Describe Me: _____

Wake-Up Time: _____ Bedtime: _____

I'm a: ☐ Morning person ☐ Afternoon person ☐ Night person

I'm happiest when: _____

When I'm upset, it helps to: _____

Other fun stuff to know: _____

Draw Something Fun or Add a Photo

Created with love by Ryan's Case for Smiles®.

Visit CopingSpace.org for tools to help your entire family cope.

