

_____’s One Page Profile for the Medical Home/Setting

Date: _____

Photo here

Photo should be showing your child at their best, doing something that is important to them, and it should be a picture your child likes.

“I feel at my best” or “I feel healthy” when:

List things that are examples of your child at their healthiest and feeling good. For children/youth with chronic conditions, give examples of a “good day.”

What works for me in a health care setting:

List specific items that make for a good or easy doctor/dental/therapy visit.

What doesn’t work for me in a health care setting:

List of issues that have been difficult in the health care setting, if any:

What I want my medical home to know

 List other things that the provider might need to know about health habits or family life:

- Foods I eat a lot, foods I dislike
- How I feel about exercise
- How I get back and forth to medical appointments
- Dental problems, if any
- How I work with the school nurse, if applicable
- What people like or admire about me
- Our family’s preferences about medications

[Type here]