

## ALL ABOUT :

---

## A BIT ABOUT ME:

## CURRENT MEDICATIONS, SUPPLEMENTS, AND DOSAGE:

- 
- 
- 
- 
- 
- 
- 

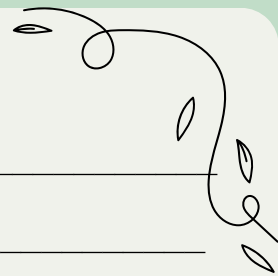
## MEALTIME:

Brand of food: \_\_\_\_\_

Time of Meal/s \_\_\_\_\_

Serving Size: \_\_\_\_\_

Prefer to eat: \_\_\_\_\_



## MY NEXT PREVENTATIVES ARE DUE ON:

---

## FOSTER FAMILY:



**THINGS TO CONSIDER:**

**IN THE CAR, I PREFER:** \_\_\_\_\_

**GETTING IN AND OUT OF THE CAR:** \_\_\_\_\_

**MY FAVORITE TOYS:** \_\_\_\_\_

**TOYS I SHOULDN'T HAVE:** \_\_\_\_\_

**FAVORITE TREATS:** \_\_\_\_\_

**TREATS THAT HURT MY TUMMY:** \_\_\_\_\_

**WALK STYLE:** \_\_\_\_\_

**NAIL TRIMS ARE:** \_\_\_\_\_

**WHEN MEETING NEW PEOPLE:** \_\_\_\_\_

**AT NIGHT I LIKE TO SLEEP:** \_\_\_\_\_

**AT HOME, ON WALKS, OR IN MY YARD, I'M TOO CURIOUS ABOUT:**

\_\_\_\_\_

**BRANDS AND PRODUCTS OF THINGS I USE:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**OH AND ONE MORE THING:**