



Personal Interest Form

Use this form to provide information you would like the Lingraphica team to add to your permanent device.

Please note: Any customizations made to your trial device will be automatically added to your permanent device. There is no need to add them to this form.

Section I: Me

My name is _____
My nickname is _____
My phone number is _____
My e-mail address is _____
My birthday is _____
My age is _____
My address is _____
My occupation is/was _____
My religious affiliation is _____

Section II: Medical Information

Emergency contact information

My Emergency Contact is _____ Relationship _____
Phone number _____

Allergies

Things I'm allergic to (Examples: foods, medications):

My health concerns

My physical conditions/health concerns (Examples: diabetes, aphasia, dysphagia, sleep apnea):

Medical equipment I use (Examples: wheelchair, walker, hearing aid, pacemaker, leg brace):

My medications

My Medications/Purposes (Example: aspirin/blood thinner, Omeprazole/acid reflux, statin/cholesterol):

Doctors and hospitals

My Doctors/Specialties (Example: "Dr. Jones/Primary Care;" "Dr. Smith/Cardiologist"):

My primary hospital is: _____

Section III: My Food

Things I like to eat:

Things I like to drink:

Food allergies and dislikes

Foods I'm allergic to (Examples: peanuts, eggs, shellfish):

Foods I cannot eat (Examples: salt, red meat, dairy products):

Foods I don't like to eat:

Section IV: People

My family

Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____

My friends

Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____

Other important people

Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____
Name _____	Relation _____	M__F__ Age _____

My pets

Name _____	Type _____
Name _____	Type _____
Name _____	Type _____
Name _____	Type _____

Section V: Going Out

My restaurants

My favorite restaurants are:

Shopping

My favorite places to shop are:

Other places I go (Examples: the movies, church, bingo, visit family, speech therapy):

Section VI: Activities

Things I like to do

Thing I like to do/hobbies (Example: read, go for walks, watch TV):

Other activities I do throughout the day (Examples: brush teeth, feed the dog, take a nap, eat breakfast):

Section VII: Important Phrases

Important phrases for me to communicate (Examples: "I love you," "How was your day?", "I fed the dog already," "Thank you for visiting"):

Section VIII: Things I Need Help With

Things I need help with throughout the day (Examples: "Please help me sit up," "Please help me brush my hair," "Please turn on the TV for me," "Can you help me get into bed?"):