

Broadway

M E D I C A L C L I N I C

BMC Child Centered Summary

Patient name: _____

Preferred name: _____

Pronouns: _____

DATE: _____

<p><u>Strengths/Interests</u></p>	<p><u>How do you or your child communicate (AAC, verbally, etc)</u></p>
<p><u>Supports that help/how can we make medical visits go well</u></p>	<p><u>What doesn't work/challenges</u></p>

Additional comments: