

# My Telehealth Info

Use this page to record your personal information.

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My Name:

My Emergency Contact (name):

My Emergency Contact (phone number):

Primary Care Doctor's Name is:

My Primary Care Doctor Address is:

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My Primary Care Doctor's Phone Number(s) are:

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Additional information (optional):

# My Technology

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Use this page to record your computer/tablet information.

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Device Type (example: Windows/Apple):

Device Model Number:

Device Password:

The following accessibility settings are enabled on my tablet:

Bold Text

Larger Text

Higher Contrast

Closed Captioning

Other (Please specify below)

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My Wi-Fi Router's location in my home is:

(This is usually a small box with several lights on its side that is plugged into the wall and cable. Your internet company may have set this up for you. Whomever set up your internet can tell you where it is located if you are not sure.)

My Wi-Fi Password is:

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My Local TRAIID Center is (name/address):

The TRAIID Center's Phone Number is: