Driscoll Children's Hospital
Project Artwork

All About Me

PATIENT INFORMATION

Full Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____ Parent/Guardian's Phone Number: _____

Age: _____ Shirt Size (if art is for a shirt project): _____

Is this your first time to Driscoll? If no, do you have a special memory here?

Do you have a favorite doctor, nurse etc. at Driscoll? If so, who and explain why:

What are your favorite foods?

What are your favorite sports to play or watch?

How many siblings do you have?

How many pets do you have (included kind and names)?

What's your favorite subject? _____ What's your favorite color? _____

Favorite thing to do in your free time:

What do you want to be when you grow up?

Location (4T, 6T, 7T, Rehab, Schoolroom, etc): _____

Would you be willing to share the your story about what brought you to Driscoll? Briefly explain:

DESCRIPTION OF ART COLLECTED

Please explain Project Artwork and how their child can submit artwork at any time now that they have been a patient at Driscoll.