

Medical Information Sheet Instructions

- This information sheet will allow you to have of the relevant information to give to doctors, nurses or administrative staff in a hospital or any medical setting or in case of an emergency.
- In most hospital or medical settings, right now (May 2020), you cannot bring a parent, staff, friend or anyone else with you, so you must communicate all of your medical and/or any other needs you may have on your own or with written documentation.
- This form is designed to make sure healthcare professionals have all the information about you regarding your disability, communication style, how to follow up with you, emergency contacts, household information, lifestyle information, medical information and more.
- It is not required that you fill this sheet out and keep a copy of it, just a recommendation.
- A copy of this medical information sheet could be kept in the following places:
 - in your car
 - at your home
 - in your wallet or purse
 - parent and/or caregiver has a copy
- PTI recommends you fill this out with a parent, caregiver or staff to make sure you are including all pertinent information.
- Make sure you keep this sheet private and do not show it to anyone outside of your family, staff or medical professionals.
- For the 'Healthcare Issue Today' section, have a parent, friend or caregiver help you write about the problem that you are having that day that requires you to go to a hospital or doctor to make sure you give thorough information.
- Any questions on how to fill this out? Call Jamie at 314-863-0202 x4.

Healthcare Issue Today

Reason for my visit today: (ex. I'm having trouble breathing or I think I sprained or broke my ankle).

My symptoms are: (ex. shortness of breath, swollen ankle, fever, chills, coughing)

History of this problem: (ex. I broke my ankle three years ago and it started hurting badly again today or I have a history of asthma and I'm having trouble breathing today.)

Medications I'm taking for this problem: (ex. IB Proffen for pain or using my Ventolin rescue inhaler)

Disability Healthcare Accommodations

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (month/date/year): _____

Primary Disability: _____ Secondary Disability: _____

Mental Health Diagnosis (if applicable): _____

Other Medical Conditions:

A short summary about my communication and sensory needs: (ex. I need help filling out patient forms, I will need clear written instructions to take home or a phone call to parent/guardian about my care, I get anxious in crowded spaces and would prefer to wait somewhere privately before my visit if possible.)

Surgeries (if applicable):

<u>Type of Surgery</u>	<u>Year</u>

Current Medications:

<u>Medication</u>	<u>Dose amount</u>	<u>Time taken</u>

Communication Preferences/Notes:

*List any instructions medical professionals should know. For example: written instructions are best, do not ask me complex questions, ask me yes/no questions, may not be able to express myself well under stress, reading at a 5th grade level, I use a smart phone, etc.

- Listening to others/processing : _____
- Express how I am feeling: _____
- Reading level: _____
- Writing level: _____
- Technology: _____
- Other information: _____

Other communication preferences:

Before the visit (check all that are applicable to you)

- I need to fill forms out in a quiet area so I can concentrate.
- I need someone else to fill out the forms for me and ask me the questions on the form.

During the visit (check all that are applicable to you)

- Tell me what is going to happen before you do it.
- Please ask me yes or no questions.
- Do not ask me complex or multi-pronged questions.
- Give me choices or concrete examples of answers when asking for questions.
- Please do not use metaphors or figures of speech, I am very literal.
- Try not to talk with me while there are other noises in the room.
- Please talk slowly.
- Give me concrete examples of what could go wrong if I do not follow the doctor's instructions.
- Give me extra time to process your questions.
- Show me photos if possible.
- I prefer you stand in front of me/ to the right of me /to the left of me / far away from me/ close to me (circle one) so that I can hear better.

After the visit (check all that are applicable to you)

- I prefer written instructions to take home.
- Break down instructions into small, easily-manageable steps.
- I prefer verbal instructions for what to do when I get home.
- Help me with follow up with office visits. I benefit from an appointment card to take home and phone or text reminders about my next appointment.
- Please call my parent or caregiver at _____ and let them know about take-home instructions, changes in medications, when my next appointment is and any other relevant information.
- Remind me to call my ride after the visit is over to let my ride know I am finished and need to be picked up.

Other communication

preferences: _____

Sensory Preferences/Notes:

Before the visit (check all that are applicable to you)

- I prefer to wait in a room with dim light or let me wear sunglasses.
- I prefer to wait in a room with natural light or let me wear sunglasses.
- I am sensitive to warm temperatures.
- I am sensitive to cold temperatures.
- Please let me wait for my appointment in a private space if possible.
- Please give me ear plugs while I wait if possible.
- I require extra time in the bathroom.
- I am sensitive to loud noises.
- I have poor body proximately awareness and may not be aware how close I am to others or objects.
- Give me an update on how much longer the wait will be.
- I may self-soothe my stress and anxiety about my visit through 'stimming.' For me, this looks like: _____

During the visit (check all that are applicable to you)

- I have poor balance.
- Please request my permission before touching me in any way.
- I am not very sensitive to pain, so I may not respond to stimuli as others would.
- I am very sensitive to pain.
- I am very sensitive to hot or cold temperatures.
- Please carefully explain what you will do before you do it.
- Give me a 'trial run' of exams and procedures so that I can mentally prepare.
- Show me what the exam or procedure will look like on a staff or other person in the room.
- Give me a break if the visit goes longer than: _____ minutes.
- I am very afraid of needles.

After the visit (check all that are applicable to you)

- Let me exit through a private entrance if possible so I do not need to go through the waiting room again and walk with me to show me where I should go.
- Walk with me to the parking lot or where I should wait for my ride.

Other sensory preferences/notes (clothing, food, number of people, touch, texture, light, sound, proximity, etc.):

Lifestyle:

- I live with family/ roommate/ alone/ supported group home (circle one).
Comments: _____
- I live in a house/ apartment/ condo / mobile home (circle one).
- I have to use stairs to access my home yes/ no (circle one).
- I have ISLA support services through _____ agency. The contact person for these services is: _____ and their phone number is:_____.
- I drive/ use public transportation/ get rides with family/ use taxis or ride sharing/ bike or walk (circle one).
Comments:_____
- I drive: anywhere/ just to certain places that I feel comfortable driving /not on highways (circle one).
- Smoking: Yes/ No (circle one)
- Drinking alcohol: Yes/ No/ very rarely (circle one)
- Employment: I work full time / part time (circle one) at : _____

Support Contacts:

Supporter Name	Relationship	Healthcare Role(s)	Contact information