

ADDITIONAL NOTES

MY PASSPORT



TO GOOD HEALTH CARE

For people with disabilities going to see a doctor or other health care professional. If I need health care, this book needs to go with me. It gives health care staff important information about me.

**Attention people who care for my health:
Please read before you help me with my care and
treatment. The use of the passport is important for
identifying possible problems quickly.**

ABOUT ME

My name is:

I like to be called: _____

My disability is:

Because of my disability, these things are hard for me:

This makes me happy:

This makes me sad:

My phone number: _____

My emergency contact person is:

My doctor is: _____

My insurance is: _____

WHAT HELPS ME

Please talk to me about this when I am nervous or scared:

This may help me when I am hurting:

This may help me when I am anxious:

If I get distressed or upset, the best way to help me is by: _____

This may help me to feel more in control and safe:

CONSENT: I may need help to give consent. Things that help me include: Pictures to show me what will happen, someone to help me understand and/or time to think about it.

COMMUNICATION

I communicate using:

- Spoken words
- Written words
- AT device
- My support person
- Sign language
- Other: _____

I understand best when doctors and health care providers: (check all that apply)

- Listen to me
- Speak directly to me
- Use easy to understand language
- Give me time to process information and/or questions
- Do not give too much information at the same time
- Show me pictures or drawings
- Speak louder
- Speak slowly
- Speak in a gentle tone
- Write down information in easy to understand words
- Use large print
- Give information to my support person
- Other: _____

SENSORY NEEDS

I am very sensitive to:

- Sounds: _____
- Light: _____
- Smells: _____
- Textures/How things feel: _____
- Taste: _____
- Other: _____

I may need:

- To cover my ears and/or use headphones
- Deep pressure from weighted items to keep me calm
- Repetitive movements, or stimming
- To avoid noisy areas
- To avoid visually busy/ bright areas (overstimulating)
- Spinning
- Crashing
- Jumping
- Swinging
- Have someone tell me about an upcoming change
- Other: _____
- Other: _____
- Other: _____
- Other: _____

PAIN

I may feel pain differently than others:

- I have a HIGH pain tolerance and may not feel pain as others do: _____
- I have a LOW pain tolerance and may be extra sensitive to pain: _____
- Other: _____

How you know I am in pain:

- My facial expression may change: _____
- My body movements may change: _____
- I may say: _____
- Crying, moaning, calling out: _____
- Pacing/Rocking: _____
- Acting differently, such as: _____
- Other: _____

Are you in pain?



QUESTIONS & FUTURE APPOINTMENTS

Questions or things I don't understand:

Ways future appointments can be easier for me: