



## ADVOCACY IN ACTION

# Just in Case I Go to the Hospital Alone

MY FULL NAME:

NAME I LIKE TO BE CALLED:

Fill out this form now while you're well. Get help filling it out if you need to. Take it with you to the hospital if you get sick.

Primary Care Doctor:

Phone:

Specialist:

Phone:

Specialist:

Phone:

My family contact:

Phone:

My main care provider:

Phone:

My disabilities:

My health conditions:

My allergies:

My medications:

How I communicate:

How I let people know I'm in pain:

### How to Communicate with Me

- ☐ Tell me one thing at a time. Then check with me.
- ☐ Draw me a picture to help explain what you mean.

  

### How to Support Me in Making Decisions

- ☐ Encourage me to call my support person.
- ☐ Give me only two options at a time.
- ☐ Give me time to think about it, and come back later.

### Things That Cause Me Stress

  
  

### How to Help Me Calm Down