

Provider: What You Need to Know About Me

This is what you need to know about me to be successful with my healthcare and vaccine administration. I may have a family member or caregiver with me for support during my appointment.

My name: _____

Appointment

I typically respond to a medical exam with Full or partial cooperation Fear Aggression

Other (describe) _____

I like it when health professionals do (describe) _____

I do not like it when health professionals do (describe) _____

My other communication preferences are (e.g., do not ask me yes or no questions, ask me open-ended questions, ask me multiple choice questions) _____

Communication

How I communicate best (check all that apply)

Talking Writing or typing Pictures Using Sign Language

Pointing to words Using a voice app

I do not communicate in a way you will understand, please ask my family member or caregiver.

Their name is _____

Other (describe) _____

Other Accommodations or Preferences

I use assistive devices for mobility. You may see me use _____

I have sensory triggers that may make it difficult for me to have a successful appointment (being touched, trauma, doctors of a particular gender, noises, lighting, smells, textures). The following are known sensory triggers for me _____

When I experience a sensory trigger, I may respond by _____

When I respond this way, you can help me by _____

I have diagnoses, medical issues, or behaviors that may make it difficult for me to have a successful appointment (e.g., aggression, biting, pica, aspiration risk): _____

This may cause me to _____

You can help me by _____

Additional information _____
