MY INFORMATION

NAME			
DATE OF BIRTH	HEIGHT:	WEIGHT:	
WHAT I LIKE :			
I PREFER TO COMMUNICATE WITH YOU: VERBALLY WRITING ASL COMMUNICATION DEVICE COMMUNICATION OR LETTER BOARD OTHER I NEED AN INTERPRETER FOR ALLOW MY THEIR NAME IS	and assume I Please speak calmly, using things much I Allow 5-10 se Offer two cho what not to c Keep a neutro voice, even if Let me know requesting. (F staying calm. or squeeze a	al or smiling face and I'm upset. I'm upset. If I am doing what general in the second	vly and twould make ocess. to do, not ad a calm you are e doing great hold my hand
MEDICAL INFORMATION DIAGNOSES	MEDICATION		
	TYPE	DOSE	FREQUENCY
ALLERIGIES YES NO	INTENSELY	IES FEEL PAIN MORE 7. PLEASE EXPLAIN W D CHECK IN WITH M	VHAT YOU'RE



THINGS THAT CAN	I TRIGGER ME IN	A HOSPITAL SETTING:
_	OUCH - PLEASE AS	
~		LIGHTS WHENEVER POSSIBLE
		APHONES OR PLAY MUSIC
FEAR/ANXIETY	ABOUT MEDICAL	TESTS
		IOR WILL ESCALATE AND YOU WILL CALL THE POLICE
OTHER		
HOW 1	ro su	PPORT ME WITH
MEDIC		ROCEDURES
MEDIC	AL PF	
MEDIC		ROCEDURES
MEDIC	AL PF	ROCEDURES
MEDIC MEDICATION IO SUPPORT	AL PF	ROCEDURES How?
MEDICATION IO SUPPORT NEEDLE PROC	SUPPORT O	ROCEDURES How?
MEDICATION IO SUPPORT NEEDLE PROC	SUPPORT O	ROCEDURES How?
MEDICATION IO SUPPORT NEEDLE PROC	SUPPORT O	HOW?
MEDICATION IO SUPPORT IO SUPPORT IO SUPPORT IO SUPPORT IO SUPPORT	SUPPORT O SUPPORT O SURE SUPPORT O	HOW?
MEDICATION IO SUPPORT NEEDLE PROC IO SUPPORT OBLOOD PRESS	SUPPORT O SUPPORT O SURE SUPPORT O	HOW?
MEDICATION IO SUPPORT IO SUPPORT IO SUPPORT IO SUPPORT IO SUPPORT	SUPPORT O SUPPORT O SURE SUPPORT O	HOW?
MEDICATION IO SUPPORT	SUPPORT O SUPPORT O SURE SUPPORT O	HOW? HOW? HOW?
MEDICATION IO SUPPORT	SUPPORT O SUPPORT O SURE SUPPORT O	HOW?

