



MY EMERGENCY ROOM HEALTHCARE PASSPORT

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

- *Please respect my means of communication and assume I am intelligent.*
- *Please speak directly to me, slowly and calmly, using short phrases. That would make things much more calming.*
- *Allow 5-10 seconds for me to process.*
- *Offer two choices and say what to do, not what not to do.*
- *Keep a neutral or smiling face and a calm voice, even if I'm upset.*
- *Let me know if I am doing what you are requesting. (For example, "You're doing great staying calm. Would you like to hold my hand or squeeze a stress ball?")*

ALLOW MY _____ TO STAY WITH ME.
THEIR NAME IS _____ CONTACT TELEPHONE _____

MEDICAL INFORMATION

DIAGNOSES

MEDICATION

| TYPE | DOSE | FREQUENCY |
|------|------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ALLERGIES YES ☐ NO ☐

PAIN TOLERANCE

- ☐ I SOMETIMES FEEL PAIN MORE/LESS INTENSELY. PLEASE EXPLAIN WHAT YOU'RE DOING AND CHECK IN WITH ME IF I SEEM UNCOMFORTABLE.



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STRATEGIES THAT HELP ME COPE IF I AM STRESSED (TALKING ABOUT MY FAVORITE TV SHOW OR MOVIE, LISTENING TO MUSIC, DEEP BREATHING, FIDGETS, BODY PRESSURE, ETC)

THINGS THAT CAN TRIGGER ME IN A HOSPITAL SETTING:

- ☐ UNEXPECTED TOUCH - PLEASE ASK/TELL ME
- ☐ BRIGHT LIGHTS - PLEASE DIM THE LIGHTS WHENEVER POSSIBLE
- ☐ LOUD NOISES - LET ME WEAR HEAPHONES OR PLAY MUSIC
- ☐ FEAR/ANXIETY ABOUT MEDICAL TESTS
- ☐ FEAR/ANXIETY THAT MY BEHAVIOR WILL ESCALATE AND YOU WILL CALL THE POLICE
- ☐ OTHER _____

HOW TO SUPPORT ME WITH MEDICAL PROCEDURES

MEDICATION

NO SUPPORT ☐ SUPPORT ☐

HOW?

NEEDLE PROCEDURES

NO SUPPORT ☐ SUPPORT ☐

HOW?

BLOOD PRESSURE

NO SUPPORT ☐ SUPPORT ☐

HOW?

INSERTING IV

NO SUPPORT ☐ SUPPORT ☐

HOW?

IMAGING

NO SUPPORT ☐ SUPPORT ☐

HOW?