

My Medical/Dental Support Needs Example

Directions:

This completed example shares information about “Catherine” to help the medical team know the best way to care for her. This completed example can serve as a helpful guide as you develop your own personalized version showing the types of details you might include and how they can be organized.

Download the blank template to add information that helps others understand the individual’s strengths, interests, communication style, preferences, and support needs. By creating and sharing this resource, you can help a medical or dental team to prepare for appropriate supports and accommodations.

My Medical/Dental Support Needs

Name: Catherine S.

Date of Birth: 10/29/1999

My Main Person of Contact (Name/Phone): Betty S.
555.555.5555

How I Communicate Best: I can use words, pictures, gestures to indicate my needs and wants. Give me at least 10 seconds to respond to you- I will nod my head yes or no. I will also push something away if I do not want it or like it. I have an AAC device that I can use to tell you what hurts or problems I may be having.

About Me: I love horses! I get really nervous while being examined and sometimes if horses get brought up it can help calm my nerves. I may make sounds to indicate my anxiousness. I like to stand while waiting for my exam. I will need to hold my fidget while being examined. I have many sensory sensitivities, such as laying my head back on the patient chair or exam table. I may need to hold my head upright during the exam if possible. The crinkling paper on the exam table makes a sound that hurts my ears, so I may need to wear my headphones during the visit. Things that calm me: lotion, weighted blanket, talked to in a calm voice, applying gentle pressure to my arms and shoulders, and having extra processing and wait time. Things that scare me: blood tests, ear checks, mouth check and being confined or physically restrained.

My Medical Information: I have an autism diagnosis. I also have anxiety disorder. I take Hydroxyzine 10mg (as needed). To handle pain, I may stiffen out, slap my leg, pull my hair or pinch myself. I do not respond to a 0-10 pain scale. It is best to ask me about my pain allowing me to use my AAC device.

Important Information for Staff: I need a support person with me during my exam. Speak directly to me and not my support person. Please talk to me in a normal voice- there is no need to increase your voice level as there is nothing wrong with my hearing. Also, please do not use baby talk with me. Talk to me in an age-appropriate manner. Please offer me choices, such as "Do you want to sit here or stand there?" "Do you want me to check your ears first or your mouth?" Allow breaks if I become overwhelmed. It is best to avoid sudden touch- tell me first what you are going to do. You may need to model it with a staff member so I can see what is going to happen. If I become overwhelmed, reduce stimulation and give me space rather than holding me down unless it is absolutely medically necessary and becomes a safety concern.