Take to Urgent Care or Hospital Visits

I have a developmental disability. I think it will help you care for me if you know a little bit about how my disability affects me when I am well. It means there are things I can do, things I need help with, and things I cannot do. Please place this information in my chart so that it may help everyone who will care for me while I am here. Thank you.

Date________ My name is ____________________ I like to be called________________________ Room #________
 Person with me is ______________________________ Contact: ________________________________________
 Person making my medical decisions today is ______________________ Contact: _____________________________
 My regular Dr. is ______________________ Contact: ____________________________________________
 I have these allergies: ________________________ My triggers/sensitivities are: __________________________

I am here because:

- [ ] I hurt myself How? When?
- [ ] I am in pain  [ ] Sharp  [ ] Ache  Where?
- [ ] I am sick How long?
- [ ] I am short of breath  [ ] I have chest pains  [ ] I passed out
- [ ] I keep throwing up  [ ] I have diarrhea/cramps
- [ ] I have a bad cough  [ ] sore throat  [ ] earache
- [ ] I had a seizure  It lasted____ minutes  Other

I usually treat the issue by

I am currently being treated for:

- [ ] High blood pressure
- [ ] Heart problems
- [ ] Diabetes
- [ ] Cancer
- [ ] Bladder infection
- [ ] Lung/breathing problem
- [ ] Stomach
- [ ] Arthritis
- [ ] Seizure disorder
- [ ] Thyroid
- [ ] Other

What you should know about me and how my disability affects me:

Physically:

- [ ] I can push the call button
- [ ] I cannot push the call button
- [ ] I walk unaided
- [ ] I walk slowly
- [ ] I use a walker
- [ ] I use a wheelchair
- [ ] Other

Copy this on Pink paper
**With help I can:**

- Do my personal cares
- Get in and out of bed
- Go to the bathroom
- Feed myself
- Take medication

**I will need to be:**

- Lifted in and out of bed
- Fed
- Bathed
- Toileted
- Given medication
- Other

**Communication:**

- I can speak for myself, please try to listen
- I cannot speak for myself
- I am deaf/hard of hearing
- I have an interpreter

**I can communicate through:**

- Computer
- Gestures/facial expressions
- Sign language
- Pictures
- I can write things down

**Understanding:**

- I can understand what you say to me
- I like simple terms and step by step directions
- I may not understand what you say to me

**Special concerns and/or fears:**

When I am anxious or frustrated it helps me feel better if I have: ___________________________________________.

- It is hard for me to sit still
- I am fearful of: Medical exams  Being touched  Shots  Other ____________________________

Please tell me before you do any of these things (list):

**People in my life:**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member:</td>
<td></td>
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<tr>
<td>Guardian:</td>
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<td>Attendant:</td>
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<td>Support Person:</td>
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<tr>
<td>Home Health:</td>
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Medical decisions, Advanced Directive, and/or Power of Attorney information:

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