URGENT CARE OR HOSPITAL VISIT

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:		
Relationship	**Name**	**Phone number**
Family Member:		
Guardian:		
Attendant:		
Support Person:		
Home Health:		

Medical decisions, Advanced Directive, and/or Power of Attorney information:

_____

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