

Medical Center Accessibility Form

I have Autism. Please read this important information.

My name is: _____ Please call me: _____

I communicate by: (check all that apply)

- Talking Writing or typing Pictures/Symbols
 Sign Language Using a device Pointing to letters/words

Please describe: _____

If you do not understand me, please call:

1. _____ # _____
2. _____ # _____

My doctor's name: _____ # _____

During a medical exam, I am usually:

- Cooperative Afraid Resistant Defensive

I do not like it when doctors or nurses (please describe):

I like it when doctors or nurses (please describe):

My medical issues (e.g. diabetes, seizures, smoking, heart problems):

My current medications:

I am allergic to:

This form was adapted by Autism Society of America from Green Mountain Self-Advocates COVID-19 Disability Form.

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Dr. Offices and Hospitals can be incredibly stressful.

I might get upset from (e.g. being touched, noises, lighting, smells):

If I get upset, things that help are:

Things that make it worse are:

If I am in pain, I show it by:

If I have to stay in the hospital:

- I can stay on my own in the hospital
- I can stay on my own with phone support support from:

_____ # _____

(I need this person to support me when getting medical updates or when making decisions).

- I cannot stay in the hospital alone. I need help with advocating, communicating, understanding, or self-care.

(Cares Act Section 3715 allows direct care workers who provide services under Medicaid waivers (1915 and 1115) to accompany people with disabilities in hospitals to provide necessary services).

Giving Consent:

- I am my own guardian
- I have a substitute decision-maker
- I have a guardian
- I have a supported decision-making team

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