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.
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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