Ways future appointments can be easier for me:

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Attention people who care for my health:
Please read before you help me with my care and treatment. The use of the passport is important for identifying possible problems quickly.
My name is: __________________________

I like to be called: __________________________

My date of birth is: __________________________

My disability or health condition is: 

________________________________________________________________________

Because of my disability, these things are hard for me:

________________________________________________________________________

My phone number: __________________________

I live with: __________________________

My emergency contact person is: __________________________

☐ I am my own guardian

☐ My guardian/POA is __________________________

I am allergic to: __________________________

My primary doctor is: __________________________

My insurance is: __________________________

I am on: 

☐ DD Waiver

☐ Mi Via

☐ MF Waiver

☐ Centennial Care Community Benefit

☐ PCO
I currently work with:

- Occupational Therapist (OT)
- Physical Therapist (PT)
- Speech Therapist (SLP)
- Behavior Therapist (BT)
- Respiratory Therapist (RT)
- Registered Dietitian (RD)
- Counselor or Social Worker (SW)
- Music or Art Therapist
- Applied Behavioral Analysis (ABA) Therapist
- Other: ________________________________
- Other: ________________________________

I currently take the following medication(s):

I communicate using:

- Spoken words
- Written words
- Assistive Technology (AT) device
- My support person
- Sign language
- Other: ________________________________

I understand best when doctors and health care providers: (check all that apply)

- Listen to me
- Speak directly to me
- Use easy to understand language
- Give me time to process information and/or questions
- Do not give too much information at the same time
- Show me pictures or drawings
- Speak louder
- Speak slowly
- Speak in a gentle tone
- Write down information in easy to understand words
- Use large print
- Give information to my support person
- Other: __________________________________________

Communication
I am very sensitive to:

- Sounds: ______________________________________
- Light: ____________________
- Smells: ______________________
- Textures or how things feel: ______________________
- Taste: ______________________
- Other: ______________________

I may need:

- To cover my ears and/or use headphones
- Deep pressure from weighted items to keep me calm
- To move around the room or pace
- Repetitive movements or stimming
- Something in my hands to fidget with
- To avoid noisy areas
- To avoid visually busy or bright areas (overstimulating)
- Spinning
- Jumping
- Swinging
- Have someone tell me about an upcoming change
- Other: ______________________________________
I may feel pain differently than others:

- I have a HIGH pain tolerance and may not feel pain as others do: ________________________________
- I have a LOW pain tolerance and may be extra sensitive to pain: ________________________________
- Other: ________________________________________

How you know I am in pain:

- My facial expression may change: ________________________________
- My body movements may change: ________________________________
- I may say: ________________________________________
- Crying, moaning, calling out: ________________________________
- Pacing or rocking: ________________________________________
- Acting differently, such as: ________________________________
- Other: ________________________________________

Are you in pain?

0 very happy, no pain
1-2 hurts just a little bit
3-4 hurts a little more
5-6 hurts even more
7-8 hurts a whole lot
9-10 hurts as much as possible

This makes me happy: ________________________________
This makes me sad: ________________________________
This makes me angry: ________________________________
This makes me nervous: ________________________________
Talking to me about this topic when I am nervous or scared can help me feel better: ________________________________

This may help me when I am hurting:
_________________________________________________________________________________

This may help me when I am anxious:
_________________________________________________________________________________

If I get distressed or upset, the best way to help me is:
_________________________________________________________________________________

This may help me to feel more in control and safe:
_________________________________________________________________________________

CONSENT: I may need help to give consent. Things that help me include pictures to show me what will happen, someone to help me understand and/or time to think about it.
Today I am feeling: 😞 😞 😞 😞 😞 😞

- Very Bad
- Bad
- Ok
- Good
- Very Good

Here is where I hurt or feel sick:

- My head
- My eye(s)
- My mouth
- My chest
- My stomach
- My back
- My arm(s)
- My leg(s)
- My feet
- Other: __________________________________________
- Other: __________________________________________

I feel sick: ☐ All of the time  ☐ Most of the time

☐ Some of the time  ☐ None of the time

I have been feeling sick for:

☐ 1-2 days  ☐ 3-4 days  ☐ 1 week  ☐ 2 weeks or more