

THIS IS ME

MEDICAL CARE



My name is:

.....

child's photo here



Communication Style:

(e.g., speaking, minimal speaking, electronic device, pictures, sign language, written/typed words, etc.)

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐



Medical Diagnoses:

(e.g., autism, anxiety, ADHD, sleep disorder, constipation, etc.)

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

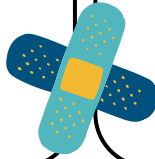
& the Keys to Keeping Me Healthy



Tips for Helping Me:

(e.g., explain what is coming next, give child time to respond, use short phrases or single words, use visuals, etc.)

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐



Past Surgeries:

(e.g., Tonsils and Adenoids, age 4; ear tubes, 12 months, dental work, age 2, etc.)

- ☐ None
- ☐
- ☐
- ☐
- ☐



Safety Concerns:

(e.g., no fear of danger, running away, obsessed with water, self-harm, aggression towards others, etc.)

- ☐
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- ☐



Current Medications & Supplements:

(e.g., Guanfacine, 2mg., Melatonin, 3mg., etc.)

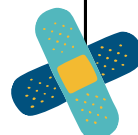
- ☐ None
- ☐
- ☐
- ☐
- ☐
- ☐



Allergies:

(e.g., animals, grass, Penicillin., etc.)

- ☐ No Known Allergies
- ☐





My Strengths:

(e.g., : happy, follows directions well, moves from one activity to another well, loving, good listener, talented artist, gifted pianist, smart, etc.)

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Things that are harder for me:

(e.g., communicating my feelings, interacting with others, being told no, change in routine, transitions to different activities, etc.)

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Distraction Techniques:

(e.g., talk to me about a topic I'm interested in, bubbles, tablet, tickles, etc.)

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Sensory Notes:

(e.g., sensitive to loud noises or bright lights, enjoys tight squeezes, chews/puts non-food items in mouth, large crowds, etc.)

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Pain Tolerance:

- ☐ Normal
- ☐ Higher than Average (for my age)
- ☐ Below Average (for my age)



Other Important Notes:

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How to Use this Communication Form:

Families

Use this form to share information to help professionals meet your child's needs and have a successful visit.

You should share what you feel is important. If you need more space, feel free to add another page. Remember, you and your clinician are a team!

TIPS FOR SHARING:

- Carry a laminated copy
- Print multiple paper copies
- Scan or take a photo of the form to share electronically.



Healthcare Clinicians

Use this form as an at-a-glance tool to help you meet the unique needs of this child. Children on the autism spectrum may have different communication and sensory needs. Knowing about these needs can help make a more successful experience for everyone.

