

# Future Appointments

Ways future appointments can be easier for me:



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This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S.  
Departments of Health and Human Services (HHS) under grant TZ2MC00004 University of New Mexico  
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# MY PASSPORT



# TO GOOD HEALTH CARE

**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.**

# About Me



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

# Notes



# My Therapies & Meds

## 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):



# Communication

## 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: \_\_\_\_\_

# Sensory Needs

**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: \_\_\_\_\_

# Additional Information



# Pain

## 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?



# What Helps Me

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.**



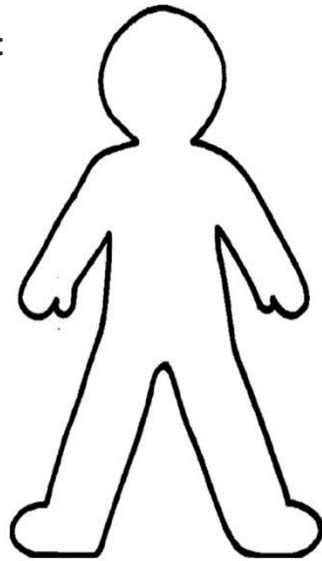
# Today I Feel ...

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

# Questions

Questions or things I don't understand:

