

About My Health

Learning about the healthcare and communication needs of adults with intellectual and developmental disabilities

Introduction

IF YOU HAVE A DISABILITY AND WANT TO USE THIS TOOL

This is a worksheet where you can write down important information about yourself before you visit a doctor or hospital. You can write about your own health. You can also write down information such as things you like to do; ways to help you understand things better; names of people that support you; things that help you to feel safe and relaxed; and things that you don't like. Bring this information to the doctor's office or anytime you are seeing a new health care provider to help a visit go well.

FOR PROVIDERS AND CAREGIVERS

About My Health is a tool for people with intellectual and developmental disabilities to share with health care providers which can be updated on an annual basis, or when there is a significant change in health status or situation. Its focus is on important information that is relevant to any health care issue. Keeping a more extensive health passport is another option to this tool, but this brief form captures some minimal information that would be included in any health passport. Caregivers actively involved in supporting adults with intellectual and developmental disabilities in their health care may find it useful to maintain this brief form in their files. Individuals responsible for their own care or families may prefer a binder or folder that goes with them to appointments. Information like this can be especially useful when seeing a new health care provider. It may be helpful to share it in advance if arranging for a more complex procedure (eg, colonoscopy).

Supporting materials

- i. **Health Passports and Communication Tools**
Health Care Access Research and Developmental Disabilities (H-CARDD), Canada <https://www.porticonetwork.ca/web/hcardd/healthcareresources/people-with-developmental-disabilities-and-caregivers>
- ii. **My Healthcare Passport**
NHS, United Kingdom <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/03/healthcare-passport.pdf>
- iii. **Healthcare Passport**
EasyHealth, United Kingdom <http://www.easyhealth.org.uk/sites/default/files/null/Health%20Care%20Passport%20-%202017.pdf>

About My Health

1 My Information

Name		Birthday	I like to be called
First	Last	Year Month Day	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They

My Address				My phone number	
Apt #	Street	Province	Postal Code		

My health card number	Expiry date:

I live (check all that apply)

Alone With family With parents With roommates Other:
 With spouse/partner With friends In a group home In supported independent living

2 Things I want you to know about me (Note: think about who will be seeing the form when you decide what to include)

My interests and what I like to do	Important people in my life	Difficult life experiences I have had that I want you to know about

3 My emergency contact

Name		Relationship to me
First	Last	

My Address				Phone number	
Apt #	Street	Province	Postal Code		

4 Do I have someone who I want to help me make my health care decisions? Yes No

Name		Relationship to me
First	Last	

My Address				Phone number	
Apt #	Street	Province	Postal Code		

5 Is there someone I want to be told about my health care appointments? Yes No

Name		Relationship to me
First	Last	

My Address				Phone number	
Apt #	Street	Province	Postal Code		

6 Important things about my health

Medical history and conditions

Things I am allergic to and what happens to me (if known)

7 My family doctor (or nurse practitioner)

Name		Phone number
First	Last	

My Address				Fax number
Apt #	Street	Province	Postal Code	

8 My pharmacy

Name		Phone number
First	Last	

My Address				Fax number
Apt #	Street	Province	Postal Code	

9 My medications

Do I have drug coverage?	My drugs are paid for			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ontario Disability Support Program (ODSP)	<input type="checkbox"/> Ontario Drug Benefit (ODB)	<input type="checkbox"/> Other	<input type="checkbox"/> I don't know

How do I take my medications?				
<input type="checkbox"/> Whole	<input type="checkbox"/> Crushed	<input type="checkbox"/> Mixed with Food	<input type="checkbox"/> Other	

10 How can you make my health care visit better?

What makes me uncomfortable, scared, or nervous about seeing the doctors and nurses?

If I am...	I show it by:	You can help me by:
Scared/nervous		
Uncomfortable/overstimulated		
In pain/hurting		
Sad		
Angry		

Try these to help with things like needles, x-rays, or bloodwork

- | | | |
|--|---|---|
| <input type="checkbox"/> Show and tell me what you are doing | <input type="checkbox"/> I like hearing how well I am doing | Get me to look away and do it as quickly as you can |
| <input type="checkbox"/> Let me ask questions | <input type="checkbox"/> Talk me through each step as you do it | |
| <input type="checkbox"/> Use numbing cream for needles | <input type="checkbox"/> Remind and help me count to ten | Other: |
| <input type="checkbox"/> Be quiet so I can concentrate | <input type="checkbox"/> I like a little something to look forward to after | |
| <input type="checkbox"/> I like my hand held | <input type="checkbox"/> Let me touch the equipment | |
| <input type="checkbox"/> Remind me to take deep breaths | <input type="checkbox"/> Play music or sing | |

Things that you can do to help me understand:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Look at me when you speak | <input type="checkbox"/> Write it down | <input type="checkbox"/> Let my caregiver or staff explain | <input type="checkbox"/> Speak directly to me first |
| <input type="checkbox"/> Speak slowly | <input type="checkbox"/> Repeat things | <input type="checkbox"/> Use simple language | <input type="checkbox"/> Speak louder so I can hear you because I am hard of hearing |
| <input type="checkbox"/> Use pictures | <input type="checkbox"/> Use gestures | <input type="checkbox"/> Ask me to repeat it back | |

Other

Things I like at health care visits:

Blank area for writing things liked at health care visits.

Things I don't like at health care visits:

Blank area for writing things not liked at health care visits.

📌 Other helpful information for doctors and nurses

Do I have a...
These plans may include information on things you can do to help me calm down or feel better. Ask me or the person supporting me for this information or find it attached.

<input type="checkbox"/> Health Care Plan	<input type="checkbox"/> Emergency or Crisis Plan	<input type="checkbox"/> Other
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More information about my health is attached to this form Yes No

References

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