Autism Society

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.

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I have Autism. Please read this important information.

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 guardian**
- ☐ **I have a substitute decision-maker**
- ☐ **I have a supported decision-making team**

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