



HEALTHCARE PASSPORT

For autistic adults

To Staff:

Please consult this passport and make reasonable adjustments *before* you undertake any assessment, examination, treatment or care.

This document has been designed in 2021 by Thriving Autistic, an autistic led support service and is based on best practice guidelines by the HSE Health passport for people with intellectual difficulties (2019) and the National Autistic Society (UK) Health Passport for autistic people.

MY PERSONAL DETAILS

Please take special note of my preferred name & my pronouns

MY LEGAL NAME IS:

PLEASE CALL ME:

MY PRONOUNS ARE:

DATE OF BIRTH:

PHONE NUMBER:

ADDRESS:

MY EMERGENCY CONTACT PERSON(S) ARE:

NAME:

RELATIONSHIP:

PHONE:

NAME:

RELATIONSHIP:

PHONE:

A VITAL THING TO KNOW ABOUT ME IS:

MY CURRENT MEDICATIONS

PLEASE DON'T MAKE CHANGES WITHOUT FIRST CONSULTING:

NAME:

ROLE IN MY CARE:

PHONE:

ALLERGIES / KNOWN SIDE EFFECTS FROM:

A VITAL THING TO KNOW ABOUT MY MEDICAL HISTORY IS:

HOW I COMMUNICATE BEST:

For example, in writing / communication aids / mouth speaking

HOW YOU CAN COMMUNICATE WITH ME:

For example, use open vs closed questions, give me time to process and respond, use clear, specific language.

HOW TO HELP IF I'M HAVING DIFFICULTY COMMUNICATING:

For example: reduce extra noise sources, give me physical space, provide me with a quiet area

A VITAL THING TO KNOW ABOUT MY COMMUNICATION IS:

HOW I EXPERIENCE PAIN:

For example, some autistic people are hyper or hypo -sensitive

HOW I COMMUNICATE PAIN:

For example, do you make sounds when something hurts, or rub the area?

HOW YOU CAN ASK ME ABOUT PAIN:

For example, do you make sounds when something hurts, or rub the area?

A VITAL THING TO KNOW ABOUT MY PAIN IS:

MY SENSORY NEEDS:

For example, I may need to wear sunglasses, or headphones.

MY PASSIONS:

I really enjoy talking about:

OTHER THINGS YOU CAN DO TO MAKE MY EXPERIENCE TOLERABLE:

A VITAL THING TO KNOW ABOUT ME IS: