

Healthcare Passport for Children and Adults on the Autism Spectrum

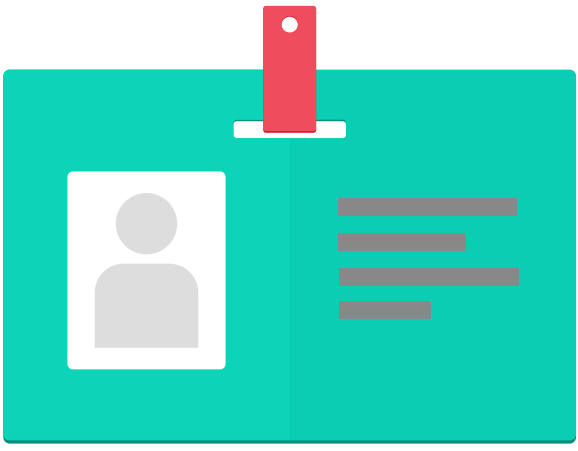
This booklet will help Healthcare Professionals care for you and meet your medical needs in the best way possible.

Please make sure all information is accurate and up to date.

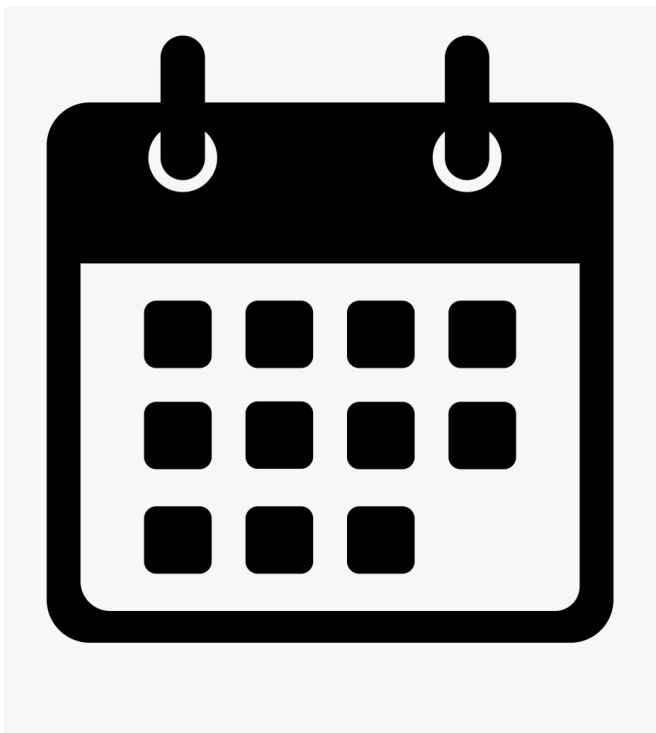
Dear Staff

Please take the time to read the information this booklet contains before carrying out any treatment or assessment.





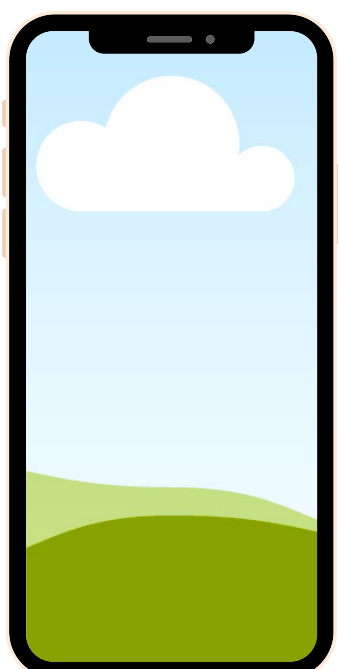
My name is



My birthday (date of birth) is



I live at



My phone number is



I live with



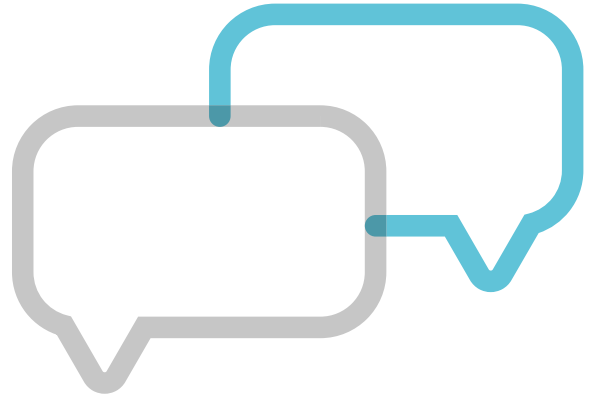
My main carer is

Phone number



My keyworker is

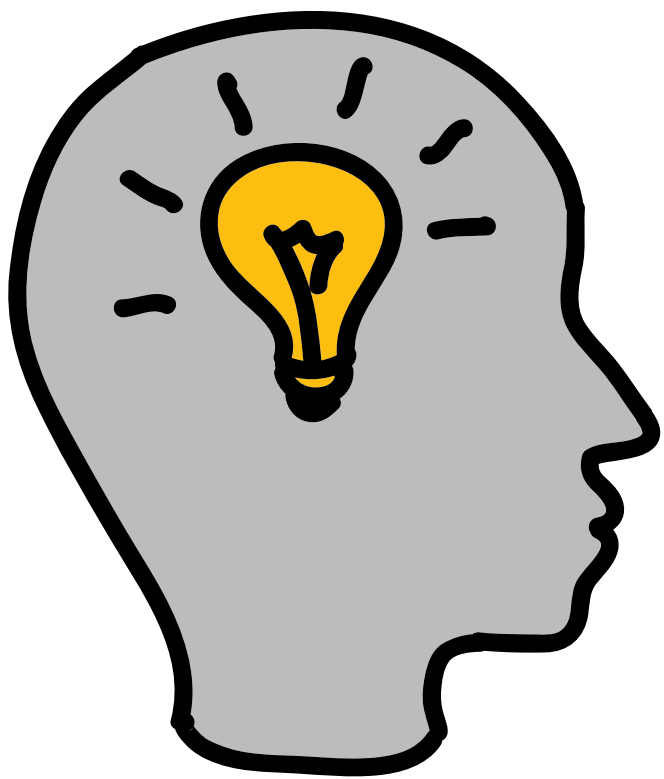
Phone number



I communicate by



How best to communicate with me



Support I need to make decisions

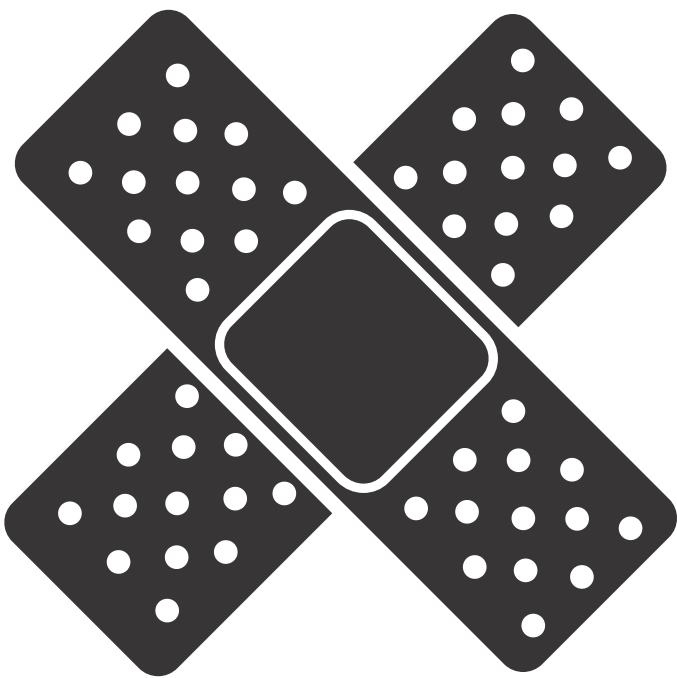
Sensory Needs





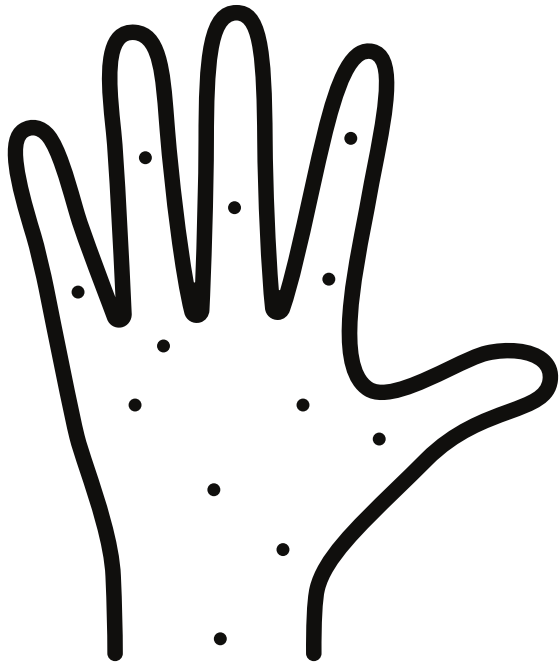
What I might do when stressed

How best to support me when stressed



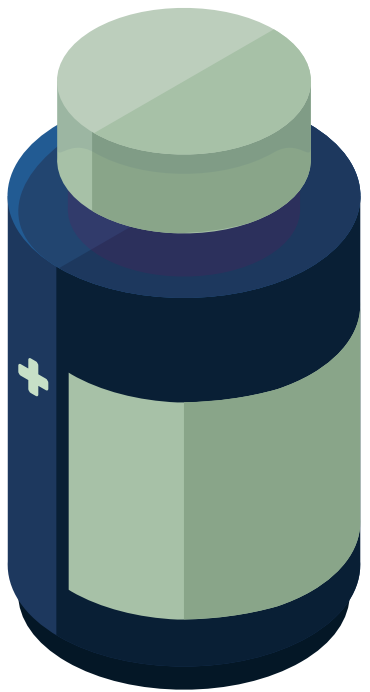
I might show I'm in pain by

Medical Needs

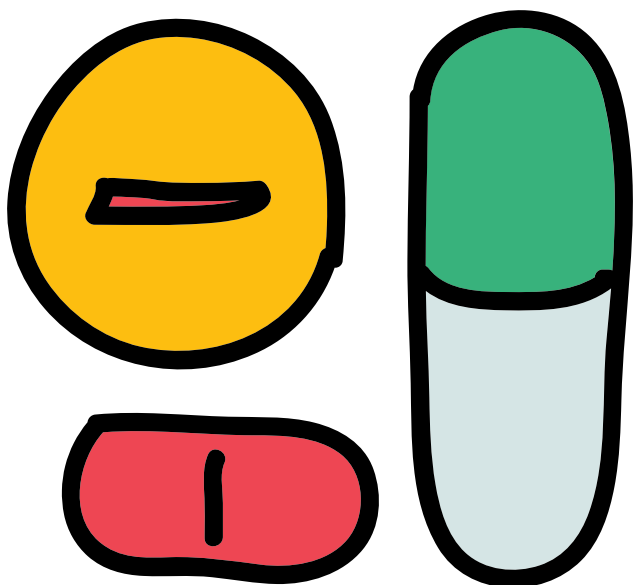


I am allergic to

Other conditions I have



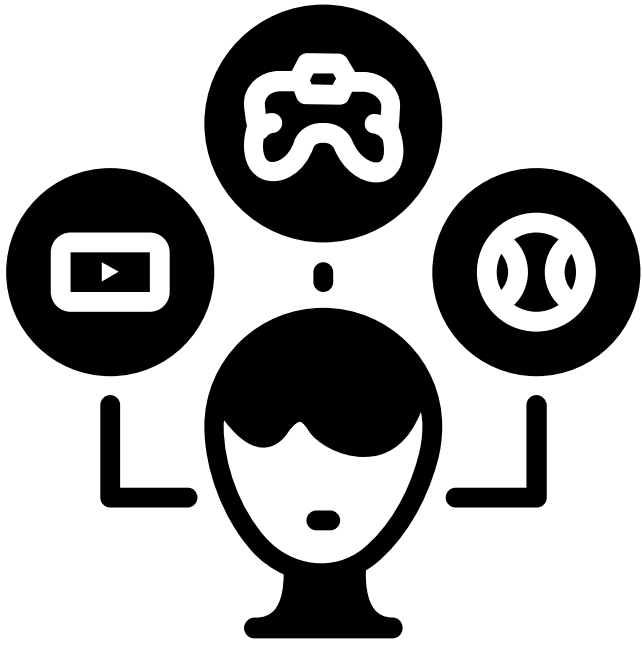
Medication I am on



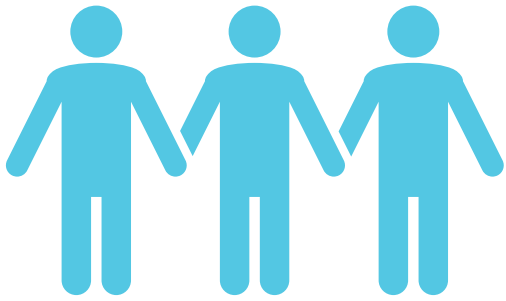
How I prefer to take my medication



I regulate myself by



My interests and things I like are



You can help me to trust you by



Things I find difficult are

Completed by: _____

Relationship to patient _____

Last updated _____