



INTRODUCTION

Welcome to Health Care Transition Clinic at the Munroe-Meyer Institute. This site will help you think about the information that you might wish to share with anyone who provides health care for you or your child and create a health passport that will document that information. *The information you provide here will be for your use only.*

This is the place for you to let others know what is really important for people to take good care of you/ your child. Most of it you already know, but some of it you may need to get from your health care providers. We will be asking you questions from the point of view of the person this passport is being developed for.

When you have entered the information, you will have the opportunity to download or print the health passport to take with you to health providers.

My Health Passport

Today's Date:	Month	Day	Year

WHO AM I?

First Name	Last Name	Middle Initial

Date of Birth:	Month	Day	Year

Guardian / POA

I have a guardian: No Yes

If yes, provide name and contact information: _____

CONTACTS

Who would you like us to contact if you need help?

Name	Relationship	Phone/email	Ok to leave a message?	Interpreter needed?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

SAFETY

First, tell us what the most important things we need to know to keep you safe. For example, do you have problems with swallowing, choking, allergies, falling, seizures, etc.? *You will be able to tell us more about these things later.*

PRIMARY CONDITION

Which of these best describes your **primary** diagnosis?

- | | |
|--|---|
| <input type="checkbox"/> Allergy/ Immune Problems | <input type="checkbox"/> Fragile X |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Breathing Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cardiac or Heart Conditions | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Learning problems including ADHD |
| <input type="checkbox"/> Communication/Speech Disorder | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Muscular or Movement Disorder |
| <input type="checkbox"/> Diabetes/Endocrine Disorder | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Digestive Disorder | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Feeding/Swallowing Disorder | <input type="checkbox"/> Vision Impairment |

Other **primary** condition:

Other Related Conditions

Do you have problems with any of these conditions?

- | | |
|--|---|
| <input type="checkbox"/> Allergy/ Immune Problems | <input type="checkbox"/> Fragile X |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Breathing Disorder | <input type="checkbox"/> Intellectual Disability |
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| <input type="checkbox"/> Digestive Disorder | <input type="checkbox"/> Orthopedic Condition |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Feeding/Swallowing Disorder | <input type="checkbox"/> Vision Impairment |

Other **related** condition(s):

MEDICAL PROVIDERS

Who is your primary care provider (who do you usually see if you are not feeling well)?

Physician	Location

Are there any other medical providers that you see for certain conditions?

Physician	Location	Condition

Are there any other Therapists that you see?

Therapist	Location
<input type="checkbox"/> Occupational Therapy (OT)	
<input type="checkbox"/> Physical Therapy (PT)	
<input type="checkbox"/> Speech	
<input type="checkbox"/> ABA	
Other:	
Other:	

MEDICATIONS AND SPECIAL DIETARY NEEDS

Are you allergic to medications? Please list all of these.

Medication	How you react

Please list all your prescriptions and any over the counter medications you take.

Medication	Dosage

Please describe any supplements, special dietary needs, or other treatments you may take.

Description	Details

Do you have any food or environmental allergies?

Food or Environmental Allergy	How you react

FEELING WELL AND “NOT SO GOOD”

How can people tell when you are feeling really good? Please describe:

PAIN

How can people tell when you are having pain? Please describe:

How can people tell when it's getting “really bad”? Please describe:

What usually makes it feel better? Please describe:

IMMUNIZATIONS

What immunizations have you had and when did you last have them?

Immunization	Date
MMR	
Tetanus	
Chicken pox	
Meningitis	

OPERATIONS AND MEDICAL PROCEDURES

Please describe all the operations and medical procedures you have had along with the date or year you had them.

Operation/Procedure	Date

RECENT HOSPITALIZATIONS

Have you been in the hospital recently, if so where, when, and for what reason.

Hospital	Date(s)	Why

BLOOD TYPE

What is your blood type?

<input type="checkbox"/> A+	<input type="checkbox"/> A-	<input type="checkbox"/> B+	<input type="checkbox"/> B-	<input type="checkbox"/> O+	<input type="checkbox"/> O-	<input type="checkbox"/> AB+	<input type="checkbox"/> AB-
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Everyone needs help with things once in a while and some people need more help than others sometimes. What would you like people who are caring for you to know about what you can do by yourself and what you need help with?

You can answer all or none of these questions - it is completely up to you and what you think will be helpful.

ACTIVITIES OF DAILY LIVING

Communication

How do you understand the world and let people know what you need?

Do you need any of the following to help you understand what others are saying?

- Hearing/auxiliary hearing aids
- Interpretation/Cultural Ambassador - If so, what type (language, culture, Deaf, hard of hearing, deaf-blind)?

- Alternative/Augmentative Communication (AAC) - If so, what type, and how should it be used?

Spoken, Gestures/Body Language, Sign language, Communication Aid/device

Other:

I have understanding of what other people are saying...

- Never
- Some of the time
- Most of the time

I understand best when:

- People speak to me just like they usually speak
- People speak slowly and clearly
- Short sentences are used
- Pictures and speech are used

How do you communicate what you need to others?

- I communicate verbally with no problems
- I speak in short sentences
- I take my time to put my thoughts into words

I have trouble responding to people...

- Never
- Some of the time
- Most of the time

Other things you should know about communicating with me.

Bathing

- I am independent
- I need help getting in and out
- I need help with it all

Do you have any special needs or preferences?

Dressing

- I am independent
- I need help with buttons, zippers
- I need help with it all

Do you have any special needs or preferences?

Motor

Have you fallen recently? Yes No

As far as walking:

- I am independent
- I need help getting in and out of a bed or chair
- I need help walking

What, if any adaptive devices (walker, cane, wheelchair, etc.) do you use?

BEHAVIOR

Suggestions to help avoid or prevent certain behaviors

Are there things that should be kept away from you to keep you feeling good? Sometimes people refer to these as “environmental triggers” (like, loud sounds, crowded places, smells, and certain kinds of fabric)?

Are there other changes that sometimes bother you (e.g. staffing, mealtimes, having to wait):

Are there other things that should be avoided to help prevent problems?

What things do you like to have that help you feel calm and soothed?

We all communicate in different ways to mean different things. Some things I do, and what they may mean are....

What I do this...	It may mean...	You can help by....

Medical Care and Procedures

Are there certain procedures that are difficult for you (e.g. blood draws, holding still for x-rays)?

What is the best way to handle medical procedures that are difficult for you?

MEDICAL APPOINTMENTS

Medical Decisions

If I need to make a decision about taking a new medication...

- I am comfortable asking the doctor questions by myself and deciding if it is right for me.
- I would like someone to talk with the doctor with me and help me ask questions.
- I am comfortable having my parent, guardian, or other person I have chosen to make the decision after talking with me.
- I really depend on my parent, guardian, or other person appointed to make those decisions for me.

Who do you trust to help you make decisions about your health care?

Name	Relationship

Attending Medical Appointments

How are your medical appointments scheduled?

- I make my own medical appointments without anyone helping me
- I rely on my parent, guardian, or other person I have chosen to help me make appointments.
- I really depend on others to make those appointments for me.

How do you get to your medical appointments?

- I can get to appointments without any help
- I need help getting a ride to appointments
- I need help getting to appointments and finding the right room
- I need someone to supervise and assist me

Is there any special help that you need to go to your medical appointments? Do you need a vehicle with a wheelchair lift, will you need a wheelchair once you get to the medical building, will you need someone to provide supervision and assistance while you wait for your appointment?

Health Insurance

Do you have health insurance to help you pay for your medical care? Yes No

What is the name of your health insurance provider(s)?
