

Taking Charge of My Health Care: My Health Care Visit Tool

This packet was made to support self-advocacy of people with intellectual/developmental disabilities (IDD) when they go to the doctor. Each document can be used separately or together depending on support needs.

1. My Health Care Visit: The first three pages should be filled out before going to a medical appointment to share why you are seeing the doctor. It covers topics you may want to share including symptoms, medications, and pain.
2. Support Needs: The next two pages should be filled out before going to your medical appointment to communicate your support needs. It could be given to your doctor prior to attending your scheduled appointment to advocate for your access needs. The information you might share could be a brief medical history, mobility and access needs, and communication preferences and needs.
3. After Today's Visit: This last page can be completed at the medical appointment to communicate next steps in your medical care. It reviews what you did at the appointment, if there is a follow-up appointment scheduled, any changes in medication, and information you want to remember when leaving the medical appointment.

*Note: The word "doctor" is used throughout this document, for plain language, however this packet can be used for any kind of medical appointment and with any health care professional.



My Health Care Visit



This is a form developed by the Oregon Office on Disability and Health's [Linkage Project](#) to help individuals and families prepare for health appointments and share with their doctors for improved accessibility and care.

Date of appointment:

My name:

I like to be called:

Date of birth:

My primary care doctor:

Why am I at the doctor's today?

Examples: Illness, changes in health, family, relationships, need forms filled out, want a checkup, need more medication

Have any of these bothered me in the last 2 weeks?

- Not sleeping well?
- Not hungry or any eating concerns?
- Emotional or mental health concerns
- Feeling tired, no energy?
- Mouth or teeth?
- Sexual health?
- Bath/washroom difficulties?
- Anything else?

I am feeling my pain here:
Describe body areas and parts in pain

If I am in pain I show it by:

The best way you can help me if I get upset or distressed is:

When I take my medication, I prefer to take it:
Examples: with water, with food, as a tablet or liquid



Support Needs



Name of person you can talk to about my health: _____

Relationship to me: _____

Their phone number: _____

Do I have a guardian: No Yes, Name: _____

Guardian and/or support person phone number: _____

I have a health plan or prescription discount card that pays for my medicine? Yes No

Name of plan or card: _____

Do I need help getting or paying for my medication? Yes No

Brief medical history:

Examples: conditions, past operations, major illnesses

I am allergic to:

Examples: penicillin, peanuts

My fears about health care and how I cope:

Examples: how I react to injections, physical examination, what can help me with these

I communicate using:

Examples: Speech, preferred language, sign language, communication devices or aids, non-verbal communication, also state if I need extra time/support in appointment

Some ways to help me understand are:

- Speak slowly
- Repeat things
- Use pictures
- Write it down
- Talk to a support person as well
- Speak directly to me
- Other:

My mobility needs are:

Examples: Devices I use, pressure relief needed, transfer independently

My access needs are/I am very sensitive to:

Examples: dimmer lights, reduced background noises, odors, textures

Ways to make future/follow-up appointments easier for me:

Examples: attending first/last timeslot of the day, allowing extra time for appointment, visiting before appointment, giving information to support person, calling me to schedule appointments, letting me schedule the next appointment immediately after this doctor's visit



After Today's Visit



Doctor's name:

Why did I see the doctor today?

What did the doctor do?

Do I have any new appointments?

My next appointment:

Doctor's Name	
Why	
Where	
When	

Check one: Will the doctor's office call me or do I need to call the doctor's office to schedule my appointment?

Medication changes? Yes No

Medication name _____

I will take this _____ (amount)

_____ (times per day) for _____ (how many weeks or months)

I am taking it for (health reason) _____

I would like my After Care Summary printed out and handed to me and/or my support person? Yes No

Is there any other information for me or my support people?