

About Me:

My Health Information

My Information:

My name:

My birthday: Month _____ Day _____ Year _____

My address:

My phone number:

Other Information:

I receive ODSP: yes ___ no ___

*For Staff: If yes, list of medications
available in Drug Profile Viewer*

I live (choose one): in my own house/apt ___ with family ___ group home ___

Who to call for help:

Name:

Phone number:

Relationship to me:

My family doctor:

Name:

Phone number:

For Staff: *medication and allergy information on back page

Why am I here today?

Mark an 'X' next to your reason(s):

I feel sick:

Something is wrong,
but I don't know what:

I am sad about something:

I am very angry:

I am in pain:

I'm nervous about being here:

Please fill out:

What happened?

When did this start?

Where does it hurt, or not feel well?

For Health Provider:

Commonly missed diagnoses in DD:

- Dental pain
- Constipation
- GERD
- Polypharmacy & side effects
- Sensory issues
- Ear infection

Common Social Stressors:

- Change in routine
- Change in worker
- Change in roommate
- Change in living situation
- Past trauma or abuse

Remember ABC!

All

Behaviour is

Communication

What is the behaviour trying to tell you?

What do you think will help you feel better?

How can you help me today?

Things that you can do to help me communicate:

Mark an 'X' next to the things that help.

Speak Slowly: Repeat things: Let my caregiver explain:

Use Pictures: Write it down: Use simple language:



Things I like:



Things I don't like:

I have a crisis plan: yes _____ no _____

A crisis plan may include de-escalation techniques and interventions. Ask caregivers for this information

Other Information About Me

Things that I like to do to feel good:

Information about my medications:

Allergies:

What I am allergic to:

What happens to me:

Patients/Caregivers: If you would like to provide feedback on how you used this tool, please contact the DD CARES team at: hcardd@camh.ca