



PATIENT NAVIGATION

PASSPORT



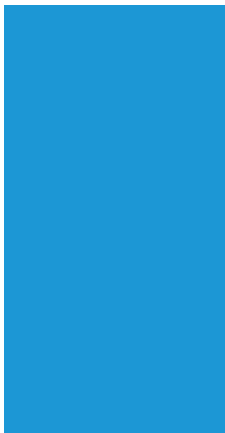
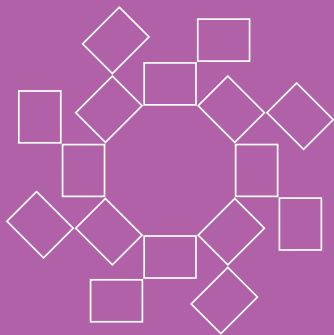
Hackensack Meridian
Children's Health

KEEP GETTING BETTER



Hackensack Meridian Children's Health invites you to fill out this document to share information that will enable medical providers to better meet your individual needs.

The Patient Navigation Passport is meant to support our patients with special needs, intended but not limited to autism spectrum disorder, cerebral palsy, anxiety, ADHD, etc.



ABOUT ME

Personal Information:

Please call me:

I identify as (i.e. he/she/they):

My primary doctor is:

My primary doctor's phone #:

If applicable, my caregiver/guardian information is:

I have these other health conditions. If applicable, please list the doctor(s) that are a part of your care team.

1.

5.

2.

6.

3.

7.

4.

8.

Here are the medicines/supplements I take (and dosage):

1.

2.

3.

4.

Allergies/Special Diet:

COMMUNICATION

I communicate best:

- Verbally
- Using gestures
- With an advocate or friend
- Using sign language
- Using a communication device/app
- Using pictures or photographs
- Other: _____

COMMUNICATION

I understand language best using:

- Single words
- Short phrases
- Prefer detailed explanations
- Pictures
- Writing
- Slow rate of speech
- Minimal background noise
- Other: _____

EXAM

During a medical exam, it is best to examine me by:

- Modeling exam on caregiver
- Answering my questions
- Communicating with me before each step of exam
- Listing or counting steps the provider will do
- Using distraction
- Allowing me to touch medical tools before using
- Limiting visibility of medical tools
- Other: _____

I express pain or discomfort by:

- Rocking or pacing
- Vocalizing or yelling
- Crying
- Flapping my hands
- Running away / hiding
- Banging my head
- Throwing objects
- Hitting / biting self
- Hitting / biting others
- Cursing
- Other: _____

CHALLENGING SITUATIONS

These situations may be upsetting or challenging for me:

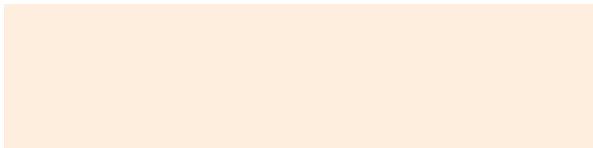
- Busy / loud places
- Bright / flickering lights
- Strong smells
- Textures
- Changing clothes
- New / unknown people
- Groups of people / crowds
- Changing of plans
- Transitioning from one activity to another
- Sudden movements or touching
- Swallowing pills / liquid medicine
- Other: _____

SOOTHING STRATEGIES

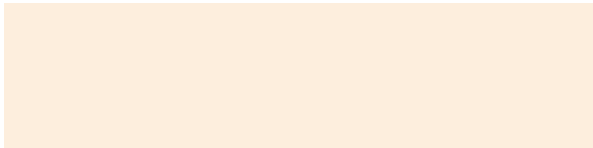
Here are some things that may soothe me or help me feel better:

- Dimming the lights
- Speaking softly
- Taking short breaks
- Touching me lightly
- Wearing headphones
- Using an iPad
- Listening to music
- Drawing or coloring
- Moving me to a quiet place
- Other: _____

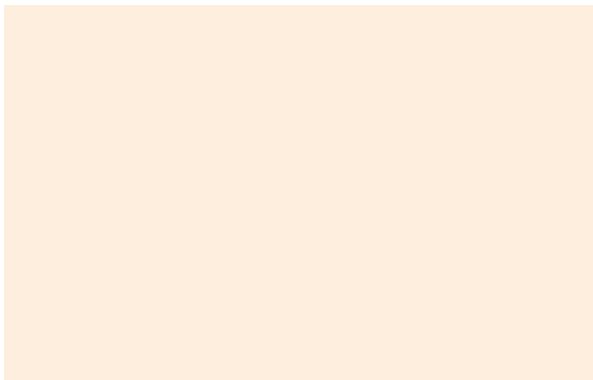
My favorite toys/activities are:



My passions/interests:



Other information that may be helpful:



HOW YOU CAN HELP ME:

- Take time to get to know me and things I like.
- Use short sentences and direct instructions.
- Offer me choices and explain what is going to happen.
- Allow extra time for me to process what you are saying.
- Allow me to hold a comfort item.
- Don't touch me unless essential for safety or medical care.
- Be aware that I might not notice if I am injured or in pain.
- Understand that I can be sensitive to the environment.
- Try to find a quiet, less busy place for me.
- Try to avoid sudden changes.
- Avoid being specific about timings and update me about any changes.

Notes:



For more on Hackensack Meridian
Children's Health's programs,
physicians and services,
scan the QR code or visit
HackensackMeridianHealth.org/Kids.



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