

How to support me during my visit

I am a child with special health care needs. I give this form to all my providers to share important information about how I can be supported when receiving care. Please refer to this form during my appointment.

Hello!

My name is: _____

I like to be called (nickname): _____

HOBBIES AND INTERESTS

I am interested in and enjoy (e.g., favorite characters, games, sports, books, pets, food):

During my visit, I look forward to (e.g., new toothbrush, stickers, treasures, praise):

MOBILITY

I use these aids to help me move: _____

You can help me move by (e.g., taking my arm, letting me hold onto your arm, helping me stand and pivot to chair): _____

SENSORY

My visit will be more pleasant if you can (check all that apply):

- Get my attention before touching me. Stepping into my view at eye level helps.
- Tell me ahead of time when there will be noises. Noises can upset me, but I can handle most of them.
- Give me positioning options when I'm on the exam table or in a dental chair when possible.
- Introduce the taste or texture of an item to help me accept it (e.g., gloves, tongue depressor, toothpaste, suction).
- Let me know how well we are doing and how much longer we have to completion.
- _____

These items can sometimes help me relax (check all that apply):

- Earphones to block out noise
- An object in my hand
- Eye covers to block out light and activities
- Weighted item/blanket
- _____

COMMUNICATION

I communicate by using (e.g., preferred language, sign language, communication devices or aids, pictures, non-verbal sounds): _____

When talking to me:

- Explain procedures/processes before proceeding.
- Give me time to process questions and form my words. Please be patient.
- Ask me to repeat myself if necessary.
- Stay at eye level with me.
- Use visual and verbal cues to help communicate with me.

We can use these pictures to communicate:



VISIT HISTORY

These are things I may do sometimes that could be hard or dangerous during procedures (e.g., limb movements, strike or grab hand, bite down): _____

In the past, I needed help to stay calm with:

- Nitrous oxide/gas Pills Sedation General anesthetic in hospital
 Other: _____

To make future appointments easier for me:

- Ask me if I would like the first/last appointment of the day.
- Allow extra time during my appointments.
- Use the same care team when possible.
- Place a copy of this communication tool in my file for my ongoing care.

We would like to extend our sincere appreciation to Clark County's Public Health CYSHCN Program and ABC Coordinator for their significant contributions to the creation of this document. Their deep knowledge of community needs, ongoing advocacy for children and youth with special health care needs, and thoughtful guidance throughout this process ensured that the information presented here is both accurate and meaningful.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.