

These personal infocards are part of the *Self Advocacy in Healthcare* toolkit.
Visit www.spectrumintersections.org for more information.

PERSONAL INFOCARDS



DOCTOR CONTACT DETAILS

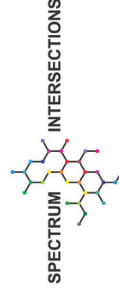
Name

Phone

Clinic Address

Stamp and Date

- I may be anxious or overwhelmed.
- This pocket has cards in it.
- These cards have information about me printed on them.
- Please ask me for my emergency card during urgent situations. My emergency card has information about my allergies and medications.



ALERTS

- PLEASE DO NOT TOUCH ME
- Please do not restrict my freedom of physical movement or communication
- Please do not speak loudly or close to me
- I may say or do things that you do not understand
-
-
-



EMERGENCY INFORMATION



- I may be anxious or overwhelmed.
- This pocket has cards in it.
- These cards have information about me printed on them.
- Please ask me for my emergency card during urgent situations. My emergency card has information about my allergies and medications.

ACCESS NEEDS

Communication access

How to get my attention

.....
.....

How to have a conversation with me

.....
.....

Physical access (including environment)

- I need a quiet space / waiting room
- I have mobility needs
- I have sensory needs

Administration info

Please let me know what government card or Identification Card you need.



Important information

- I have a Behaviour Support Plan

Link to websites

<https://spectrumintersections.org>
<https://inclusionmelbourne.org.au/design-lab/about>

PERSONAL & EMERGENCY INFO

Quick personal info

Name

Contact

Health Conditions

.....

Emergency contact info

Name

Contact

I have a formally appointed advocate

Name

Organisation

Contact

- For any further complex conversation please contact my advocate

I have a medical decision maker(guardian)

Name

Contact

- For any further complex conversation please contact my guardian

ABOUT ME - PERSONAL IDENTITY

SELF ADVOCACY IN HEALTHCARE



1. How I would like to be identified in private spaces (Private Identity)

Name

Pronouns

Gender identity

Neuro identity eg. Autistic

Other Identity ie. cultural, nationality, religion, disability, parent.

2. How I would like to be identified in public spaces (Public Identity)

Name

Pronouns

Other

How to call me into an appointment

Wave hand in front of face (because of headphones)

Call me using this name

Gently tap my shoulder

Other

3. How I would like to be identified via letters, emails, and other communication (Administrative Identity)

Title (including none)

Name

Other

What to do if the system won't allow my options

4. When to disclose my identities

Identity	Never	With my permission
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Support needs	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Variation of sex characteristics	<input type="checkbox"/>	<input type="checkbox"/>
Cultural identity	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

5. How to talk about my body parts

.....

.....

.....

.....



ABOUT ME - APPOINTMENT ACCESS

SELF ADVOCACY IN HEALTHCARE

1. How I would like to make appointments / contact clinics

- Phone
- Email
- App
- Other
.....
.....

2. Home care commitments

- Written instructions for home/ after care
- SMS/email reminders
- Medication plan for start, stop and monitor
- Other
.....
.....

3. Financial Access

- Bulk Bill
- I have a Health Care / Pension / DVA / Other Concession Card
- Public only
- Private or public as available
- Private only
- Workcover supported provider
- TAC supported provider
- Itemised list
- Other
.....
.....
.....

4. Appointment needs

- Always book me long appointments
- Please book me a follow up appointment
- I will be accompanied by a support worker
- I will be accompanied by a carer
- I have an advocate
- Other
.....
.....

5. What I need you to tell me



- Please communicate your thoughts, impressions, and responses clearly and literally
- Please clearly communicate when the appointment is over and when I need to leave
- Please let me know if I have not provided enough information
- Other
.....
.....

NOTES:

.....
.....
.....
.....
.....
.....
.....

ACCESS NEEDS - COMMUNICATION

SELF ADVOCACY IN HEALTHCARE

Important information

- I have a Support Plan or Consistent Approaches Plan
- I have a Behaviour Support Plan

1. How I communicate face to face

Main communication method eg. touch and sign

.....
.....

Back up communication method eg. Written

.....
.....

2. How to help me communicate with others

- Giving me more time to speak
- Give me option to write or draw
- Interpreter
- Other

3. Advice for others who communicate with me

- Yes or no questions
- No open questions
- One question at a time
- Be specific, not vague
- Keep messages short and simple
- Using gestures and pictures
- Other

4. Confirmation of understanding

How you will know I have understood eg. thumbs up when I understand

.....
.....

How I will know you have understood me eg. thumbs up when you understand

.....
.....

How to check for consent in treatment planning

.....
.....

Notes

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....



ACCESS NEEDS - SENSORY & ENVIRONMENTAL

SELF ADVOCACY IN HEALTHCARE

1. My sensory / environmental access needs are



SENSORY/ ENVIRONMENTAL eg. lighting	ACCESS NEED eg. no fluorescent bulbs, natural light is OK, no dim light
Lighting	
Sounds	
Temperature	
Touch	
Smell / scent	
Mobility	
Crowds / no. of people	
Time	
Seating	
Other	

Location

- Close to exit
- Close to bathroom
- Other

2. My personal solution to help in physical environments

eg. headphones, sunglasses

3. How healthcare providers can help in physical environments

eg. dimming lights, turn off air conditioning

PROFESSIONAL - PHYSICAL PROCEDURES

SELF ADVOCACY IN HEALTHCARE

Consent

1. Make sure I understand:

- How much will it cost out of pocket
- How much will it hurt
- How long will it take
- How long is recovery
- What are the home care commitments
- Can I have someone with me
- Other

2. How I will maintain consent during physical procedures

eg. thumbs up means yes, crossed arms means no, stop means no.

- When I want it to start
- When I want it to slow down
- When I want it to continue
- When I want it to stop
- Continual Consent Check

3. What helps me to prepare for a physical procedure eg. bringing personal comfort items, wearing comfortable clothes.

-
-
-

4. What healthcare professionals can do to help me during physical procedures.



- Use my body part language refer to ABOUT ME - PERSONAL IDENTITY CARD Q5.
- Please don't talk to me during the procedure
- Talk to me / distract me during the procedure

Clearly and specifically explain:

- What items of clothing to take off or leave on
- Where to sit, lay down, or stand up
- What to do with my body e.g. lift up arms, walk across the room
- What I'm allowed to do during, including moving around
- What will happen, including if and when I will be touched or which tools will be used on me
- Other

Notes:

.....

.....

.....

.....

.....

.....

.....



PROFESSIONAL - PAIN

SELF ADVOCACY IN HEALTHCARE

TODAY MY PAIN IS:

1. Moderate pain 😊

2. High pain 😞

3. Extreme pain 😫



1. How I appear and act on a bad day (i.e. a day when I am in a lot of pain)

.....
.....
.....
.....

2. How I appear and act on a good pain day (i.e. a day when I am NOT in a lot of pain)


.....
.....
.....

3. My pain profile

- I have constant pain
- I have pain that comes and goes
- My pain sensitivity changes regularly
- Other

4. How I will communicate I am in pain

.....
.....
.....
.....
.....

5. Healthcare professional need to be specific when asking me to describe these types of pain 

- Current pain
- One that hurts the most
- Intensity of pain
- Location of pain
- When the pain comes on
- One that impacts your life the most
- Other

6. What pain measurement tools are helpful to me

- Number scales
- Faces that show pain
- Body diagram to pinpoint pain
- Examples using words
- Examples using gestures
- Examples using pictures
- Pointing to body parts on a model
- Other

Notes

.....
.....
.....

EMERGENCY - CRISIS AND SELF AWARENESS

SELF ADVOCACY IN HEALTHCARE

1. How I appear when I'm having a good moment/day eg. when I am happy I am talkative

.....
.....
.....
.....

2. How I appear when I'm having a bad moment/day eg. when I am anxious or distressed I am quiet

.....
.....
.....
.....

3. What to do if I'm having a meltdown or appear agitated/distressed eg. wait for it to pass then talk to me

.....
.....
.....
.....

4. What to do if I'm having a shutdown or appear unresponsive eg. help me get home, switch to writing

.....
.....
.....
.....

5. How to help me figure out what I am experiencing [self perception] eg. probing questions, body scan

.....
.....
.....

6. How to help me describe what I am experiencing (self description) eg. examples and definitions of words, emotion wheel

.....
.....
.....

Anxiety and panic

When I experience anxiety or panic I appear like this

.....
.....

During moments of anxiety and/or panic my needs are

.....
.....
.....

What I need people to tell me

What emotions the healthcare person is experiencing

When to leave

Other

.....



EMERGENCY - MEDICATION AND ALLERGIES

SELF ADVOCACY IN HEALTHCARE

1. Where to find my list of medications

.....

.....

2. My allergies

.....

.....

3. My sensitivities and intolerances

.....

.....

4. Barriers to accessing medication

- I have problems with swallowing
- Memory problems
- Financial
- Allergies / intolerances to ingredients
- Other

5. Preferred method of medication dispense eg. Pills because needle phobia, no pills due to memory, reminders if about to run out

.....

.....

6. Plan for if the medication is too strong

.....

.....

.....

7. Plan for if the medication is too weak

.....

.....

8. Plan for starting medication

.....

.....

9. Plan for stopping medication

.....

.....

10. Home Care

Please provide me with:

- Written instructions for home/ after care
- SMS/Email reminders
- Medication plan for start, stop, and monitor
- Other

Other Important information

eg. provide me with side effect info, give me blood tests when asked

Please make sure that:

.....

.....

.....

.....



HOW TO USE - FOR YOU

SELF ADVOCACY IN HEALTHCARE

This card is for You, or your: Carer, Family Member, Advocate, Disability Support Professional

Who is with me today?

<input type="checkbox"/> Family Member	<input type="checkbox"/> Carer
<input type="checkbox"/> Advocate	<input type="checkbox"/> Disability Support Professional
<input type="checkbox"/>	

You and a carer/supporter can fill out this card before attending appointments.

If you have an NDIS plan with core or capacity building funding, you can ask your NDIS support provider and support professionals to help you fill out this pack.

When you meet with doctors, dentists, other care workers, or healthcare administration staff, you can use the appropriate cards to share your support and healthcare needs. Not every card will be appropriate for every professional (e.g. physical procedures and pain may not be relevant to administration staff).

It is up to you what information you write on the cards, and which card/s you hand over to each professional.

See the book *Self Advocacy in Healthcare* to learn more about how to use these cards.



HOW TO USE - FOR HEALTHCARE WORKERS

SELF ADVOCACY IN HEALTHCARE

This card is for Doctors, Dentists, Allied Health Professionals, and Healthcare Administration Staff.

These cards have been created to help people communicate their support needs and experiences with health care professionals.

When you see this symbol it indicates a section that is for the doctor / healthcare professional / administrator / first responder.



These cards have been filled in by your client and their supporters to help you build a healthy working relationship with them.

Your client may show you all of their cards or some of their cards with information they want to share with you.

Please read the cards your client chooses to provide to you, and communicate any questions and concerns to your client and/or their supporters in their preferred communication method.

There is a space on the front packet of the kit for a professional to stamp, date, and sign this kit to help authenticate its use.

See the book *Self Advocacy in Healthcare* to learn more about how to use these cards. The book also contains information about for healthcare professionals

