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	☐	☐
Support needs	☐	☐
Sexuality	☐	☐
Gender	☐	☐
Variation of sex characteristics	☐	☐
Cultural identity	☐	☐
.....	☐	☐
.....	☐	☐
.....	☐	☐

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: