My Health Passport

This document has important information so you can get to know me and better support me when I am receiving medical, dental, or other care. Please keep this information where others can easily reference it, and please **READ THIS BEFORE** trying to help me with care or treatment.

Demographic Information

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

DOB: ____________ Gender: __________ Race: ______________ Marital Status: __________

Insurance Info: ______________________ Other ID Number: ______________

Primary Care Physician:

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Psychiatrist:

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Dentist:

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Preferred hospital: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Family contact (and/or person who supports my decision-making):

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Emergency contact:

Name: ______________________ Phone: ______________

Address: ______________ City: ______________ State: ______ Zip: ________

Important Clinical Information

Diagnoses:

Medications and dosages:

Medication allergies or adverse reactions and type of reactions:

Food allergies and type of reactions:

When I experience pain, I often: (describe behavior, etc.)

Usual manner and level of mobility: (describe method, usual gait or pattern of movement and needed supports)

My diet is: (type and texture)

The type of assistance I need when eating:

The type of assistance I need when drinking:

Most recent weight and height (and date):

Weight over past 6 months: (list monthly weights and dates measured)

I take medications best in this form: (liquids, pills, mixed in pudding, etc.)

How I use the toilet: (continence level, assistance, aids or products needed)

My usual bowel movement pattern:

Name: ______________________________

Important Information About Communication

I communicate best using: (words, gestures, sign language, behaviors, etc.)

Hearing: (normal, somewhat impaired, fully impaired, etc.)

Vision: (normal, somewhat impaired, fully impaired, etc.)

Important Social Information

My friends and people who know me describe me as: (fun, likeable, smart, good at puzzles, etc.)

I like:

When I like something, I express it by:

I dislike:

When I dislike something, I express it by:

The best way to communicate with me is:

My usual sleep pattern is:

My favorite activities are:

I usually interact with friends this way: (friendly, smiles, anger, fear, etc.)

I usually interact with strangers this way: (friendly, smiles, anger, fear, etc.)

Name: ______________________________

When I'm angry, I sometimes:

When upset, the best way to help me calm down is:

Things that I am sensitive to include: (specific sights, sounds, odors, textures/fabrics, etc.)

Things that help me pass the time:

Additional information:

Name: ____________________

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Curriculum in IDD Healthcare eLearn

Great for: Physicians, dentists, nurses, and nurse practitioners providing healthcare to people with IDD

Sign Up

IDD Healthcare Fundamentals for Clinicians, by a Clinician

This course was created and delivered by a physician for physicians and other clinicians. Clinicians gain a deeper understanding of the unique healthcare needs of those with IDD as well as pertinent, practical information that can be used immediately in their practices to improve outcomes.

This course covers everything from the history of IDD treatment to the reasons behind the move from institutional to community-based support.

- Unlock the language of behavior and how it can point to specific underlying medical causes
- Improve communication between clinicians and supporters of people with IDD
- Learn from real-life case studies

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