

# My Hospital Passport

For people on the autism spectrum

## Personal Information:

Name:

I like to be called:

Date of birth:

**If I am admitted to the hospital there are matters that will need to be dealt with urgently.**

**Please assist me by contacting:**

Name:

Relationship:

Phone number:

**I have an Advance Directive:** Yes

☐

No

☐

## My medication(s) and my medical history:

**Please don't make any changes to my medications without first talking to:**

Name:

Role:

Phone number:

# My Hospital Passport

For people on the autism spectrum

How I would like you to  
communicate with me:

How I communicate:

Things I can't cope with that cause  
me distress:

How I communicate pain:

How I experience pain:

How you can avoid distressing me: