



My Fingerprint:

What makes me unique



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Please help us better care for your loved one's unique needs by answering a few short questions. Tell us what might help them to better cope with being a patient in the hospital.

1. Likes:

2. Dislikes:

3. Things that are important to the patient:

4. Things staff must know about the patient:

5. Favorite toys, games, comforters or sensory equipment:

6. Does the patient have a diagnosis of autism, intellectual disability, developmental delay and/or sensory processing disorder? **Yes / No**

7. Does the patient have another diagnosis that affects communication, development and/or ability to cope in the hospital environment? **Yes / No**

If yes, for either 6 or 7, answer questions 8-17.

8. How does the patient communicate?

Verbal Pictures/symbols Signs Gestures Tablet

Other: _____

9. How does the patient take medication; what help do they need?

10. Does the patient need help with personal care? (Full assistance or partial assistance with bathing, dressing, brushing teeth, etc.)

11. What help does the patient need with eating and drinking?

12. How can we help the patient relax in tense situations?

13. How does the patient cope with procedures?

- Minimal stimulation Family member Child Life
- Numbing medicine Distraction Quick and efficient
- Explanation/step by step information
- Other:

14. How does the patient show pain and discomfort?

15. Does the patient need help to move? (Can they walk or transfer without help? Can they reposition themselves?)

16. Is the patient sensitive to?

- Loud sounds Bright lights Medical personnel Touch
- Transitions Other:

17. Things to make the patient's hospital stay easier:
