



# My Fingerprint:

What makes me unique



## My Fingerprint: What Makes Me Unique

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:

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2. Dislikes:

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3. Things that are important to the patient:

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4. Things staff must know about the patient:

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

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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?

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

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

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

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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:

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14. How does the patient show pain and discomfort?

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

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16. Is the patient sensitive to?

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

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

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