

CREATING A MEDICAL PROFILE

A TOOL FOR FAMILIES AND CAREGIVERS

This profile form was developed to be used by parents and caregivers to assist people who have difficulty communicating when visiting a hospital emergency department. This could be an individual with a developmental disability, autism and/or a mental health condition.

This form was developed by the Neuropsychiatry Task Force, Women's and Children's Mental Health, BC Mental Health and Addictions Services. It was created in response to the concerns of many caregivers who find it difficult to communicate complex information to medical staff effectively when the carer is coping with a distressed individual.

The intention is that this profile acts as a living document that can be adapted/expanded by the parent/ guardian by updating the form as a word document on their own computer – this means they can ensure it is current and accurate. Community professionals can help families who struggle in English to complete it so they are better prepared for an emergency visit.

Not all of it is necessary for every person - fields can be deleted completely. Additions such as photos are optional. Other information can be added. It can be adapted to use in a school or group home environment. If it is to be used for a medical environment, however, it is important that it be kept as brief as possible. In a crisis professionals will be looking for essential information. Information will be treated as confidential by medical staff.

*This form was developed by the **Neuropsychiatry Task Force, Women's and Children's Mental Health, British Columbia Mental Health and Addictions Services**. ACT – Autism Community Training, a member of the task force, has been tasked with the responsibility of keeping this form current. The latest version of this document can be downloaded www.actcommunity.ca/information/medicalprofile/ Suggestions for improvement and questions can be sent to info@actcommunity.ca*

NAME'S MEDICAL PROFILE

Date of this profile update: ___ ___ ___
 Day/ Month/ Year

Last Name, First Name Middle Name

Date of Birth: ___ / ___ / ___ BC Medical Service Plan Number: _____
 Day/ Month/ Year

Mother: _____
 Last Name, First Name Contact Numbers

Father: _____
 Last Name, First Name Contact Numbers

Guardian/ Foster Parent (if neither mother or father):

Last Name, First Name Contact Numbers

Emergency Contact _____
 Last Name, First Name Contact Numbers

Name lives with: _____

Name's relationship to those he or she lives with: _____

Name's address: _____

Name home telephone number: _____; Name cell number: _____

Language/s spoken at home: _____

Is an interpreter required for the parent/caregiver? In what language/s? _____

The master of this form was developed by the *Neuropsychiatry Task Force, Women's and Children's Mental Health, BC Mental Health and Addictions Services* – 2013. The latest version of this document can be downloaded at www.actcommunity.ca/info/national/medicalprofile/. Questions can be sent to info@actcommunity.ca.

MEDICAL/PHYSICAL INFORMATION ABOUT NAME

Name is _____ centimeters/inches tall and weighs _____ kilos/pounds

Name 's blood type is: _____

Name's major medical problems and /or diagnoses include:

1. _____; Date: _____
2. _____; Date: _____
3. _____; Date: _____
4. _____; Date: _____
5. _____; Date: _____

Name is allergic to:

1. _____
2. _____
3. _____

Name has been vaccinated for:

1. _____; Date: _____
2. _____; Date: _____
3. _____; Date: _____

Currently Name takes these medications

1. _____
2. _____
3. _____
4. _____
5. _____

Currently Name takes these vitamins, supplements:

1. _____
2. _____
3. _____
4. _____
5. _____

NAME'S MEDICATION & HOSPITALIZATION HISTORY OVER THE LAST FIVE YEARS.

Name has taken these medications over the last year but is no longer taking them.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any medication to which Name has had an adverse reaction at any time.

1. _____
2. _____
3. _____
4. _____
5. _____

Name has been hospitalized in the past including the following occasions.
(please include reasons for hospitalization) (Add as many lines as is necessary)

1. _____
2. _____
3. _____

NAME'S COMMUNICATION PROFILE

1. Name responds best to instructions delivered:

(delete those that do not apply)

- verbally
- using icons
- using pictures
- using sign language
- using an augmentative communication device (including an iPad)

2. Name understanding of spoken language is:

(delete those that do not apply)

- Very limited – he does not understand what is said to him, especially by strangers. Ask parent or caregiver for support.
- Limited
 - While he has a significant vocabulary his comprehension of what is being said to him is more limited.
 - Speak in short, clear specific sentences. e.g. “lie down here”; not: “hi there little lad, would you like to lie down here?”
- Age Appropriate
 - He understands everything in the same way as a typical child/adult would.
 - He prefers that you speak to him directly.

NAME BEHAVIOURAL PROFILE

These are suggestions – please individualize this information

1. When confused or in pain, Name:

(delete those that do not apply.)

- can explain or point to where the pain is.
- does not point to where the pain is.
- may scream without reference to the problem area.
- may lash out or bolt.

2. Name has the following reaction to new places or people:

(delete those that do not apply)

- He is flexible and enjoys novelty
- He is anxious and seeks familiar people and objects

3. The following ways are good ways of distracting Name:

(add those that are relevant)

- Provide books about: _____
- Provide access to his favourite video: _____
- Provide his favourite food: _____

4. Name's most challenging behaviours include:

5. These behaviours are triggered by:

- Pain
- Confusion (too many verbal demands)
- Hunger
- Noise (e.g. vacuum cleaner, another child screaming, radio)
- Unknown

OTHER IMPORTANT INFORMATION ABOUT NAME

Here is where other relevant information not covered elsewhere can be added as necessary

NAME'S TEAM MEMBERS INCLUDE:

This information can be adapted to reflect the important people for the profile holder. This information is confidential; in order to contact those listed in this document, consent is required.

Name	Position	Organization	Contact Information
	Parent		
	Guardian		
	Foster Parent		
	Case Manager (may be parent)		
	Family Doctor		
	Paediatrician		
	Psychiatrist		
	Psychologist		
	Social Worker		
	Child Care Worker		
	Behaviour Interventionist		
	Behaviour Consultant		
	Classroom Teacher		
	Principal		
	Special Education Assistant		
	Respite Provider		
	Other		

Form completed by: _____

Contact information: _____