

COVID-19 Hospital Transfer Form for Patients with Intellectual and Developmental Disabilities

Name:

First

Last

DOB:

ALERTS (write detailed notes in the box below):

Medical

I have allergies (may include food, latex, medications including general anesthetic)
 I have swallowing difficulties
 I have a family history of complications with anesthetic

Attachments

note/summary from my family doctor
 behavior plan
 advance care plan
 information about communication tools or device
 substitute decision maker documentation

Important information about my care

I need someone who knows me well to be with me. I need this to be able to communicate with staff and/or to remain calm and keep everyone safe
 I have communication support needs (e.g., device, board, speech impairment, ESL, deaf/hard of hearing, blind)
 I need sedation for painful procedures (e.g., swabbing, IV, bloodwork)
 I may hurt myself when scared or confused
 I may hurt others if scared or confused
 I might try to run away if I am scared or confused
 I have a hard time staying still
 I have physical care needs (e.g., eating, mobility, bathing)

Notes:

Health decisions are usually made

On my own

With support

By my substitute decision maker

People who are important to me and how to reach them

Relationship:

Name:

Contact details:

Substitute Decision Maker

Primary Care Provider (Family Doctor & NP)

Information about my health

Diagnoses:

Medications: List names, dosages, special considerations (e.g. liquid instead of pills, take medication mixed in food)

Medication list attached

Pharmacy Name:

Pharmacy Number:

Notes:

My communication and support needs

I have a device, communication tools or a board that I can use to help us communicate if I cannot speak. It should be with me at all times and if it is not with me call my substitute decision maker to ask for it.

Normally I communicate by:

Speaking	Speaking, but I only have a few words that I use	Facial expressions, I have no other way to communicate and I may not be able to tell you about pain
Speaking, but I don't like speaking to strangers	Using a picture, letter board or device	

I need you to:

Create a sign to describe my body language for "Yes, No, I don't know" and "I want my communication board signals"	If you cannot guess, give me my communication board
▲ Place this sign where people can see it	Get an interpreter: my first language is
Put my communication board where I can point or look at it	Always contact my support person to help with communication
Give me a way to get your attention	Help me when I use my smart phone to contact loved ones

People I'd like to talk to while I'm an inpatient and what help I need to reach them by video call or phone

Name:	Phone number:	Application (e.g., Facetime, WhatsApp, Skype):

Things that you can do to help me understand:

Look at me when you speak	Write it down	Let my caregiver or staff explain	Put my hearing aid in
Speak slowly	Repeat things	Use simple language	Speak louder so I can hear you because I am hard of hearing
Use pictures	Use gestures	Ask me to repeat it back	

To help me with medical procedures (e.g., needles, x-rays, or bloodwork):

Show and tell me what you are doing	Tell me how well I am doing	Get me to look away and proceed as quickly as you can
Let me ask questions	Hold my hand	Play music or sing
Use numbing cream for needles	Remind and help me count to ten	Other:
Be quiet so I can concentrate	Suggest a little something to look forward to after	
Remind me to take deep breaths		

If I am...

I show it by:

You can help me by:

Scared/nervous

Uncomfortable/overstimulated

In pain/hurting

Sad

Angry

Other things I would like you to know to help me while I am in the hospital: