



UNDERSTANDING MY HEALTH CARE TEAM

My Personal Support Team <i>(Identify your personal supporters and their relationship to you)</i>	Formal Supports <i>(Who are paid people that might be with you and what their role is at the visit)</i>	Who Has Legal Authority <i>(Place a check next to who has legal decision-making authority and identify the person)</i>														
<table border="0"> <tr> <td style="width: 50%;"><u>WHO</u></td> <td style="width: 50%;"><u>Relationship</u></td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	<u>WHO</u>	<u>Relationship</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Paid Staff (PCA, DSP):</p> <p>_____</p> <p>_____</p> <p>Residential/Provider Agency Staff:</p> <p>_____</p> <p>_____</p> <p>Other: _____</p> <p>_____</p>	<p><input type="checkbox"/> I have Legal Decision-Making Authority for My Health Care</p> <p><input type="checkbox"/> Power(s) of Attorney: _____</p> <p>_____</p> <p><input type="checkbox"/> Guardian: _____</p> <p>Circle one: Plenary(full) OR Limited</p> <p><input type="checkbox"/> Conservator: _____</p>
<u>WHO</u>	<u>Relationship</u>															
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UNDERSTANDING MY SUPPORT NEEDS

Areas of Support for Medical Appointments/Events	What I Do/Need and Who Helps Me	Health Professional's Role In Supporting Me
<p>Understanding what the medical professionals are saying, suggesting, recommending or instructing; helping me know my options, pros and cons</p>	<p><i>Who do I trust to help me understand and how do I communicate with them?</i></p>	<p><i>Writing down instructions, using photos or pictures to explain procedures or directions</i></p>
<p>Communicating my current situation, my decisions/choices, and responding to or asking questions of medical professionals</p>	<p><i>Who helps me communicate with the medical professionals (doctor/nurse/care coordinator)?</i></p>	<p><i>Repeat my answers back to me,; ask me to "teach back" instructions; ask me questions</i></p>
<p>Following through with my medical choices, decisions, or following doctor/nurse/care coordinator's instructions or treatment plan</p>	<p><i>Who helps with follow through (reminders, set up medications, checking in with me)?</i></p>	<p><i>Send out reminders by mail or text; follow-up appointments;</i></p>



TODAY'S HEALTH CARE VISIT

COMPLETE BEFORE THE VISIT

My Name: _____

Today's Date: _____

Who is with me today? _____

Current list of my medications, pills, and vitamins
(attach it for the doctor or nurse)

Do I have a plan or card that pays for my medicine?

Yes No (list) _____

Did I recently go see any other doctor or dentist?

YES (who?) _____ NO

What was the reason?

Why am I at the doctor's or clinic today?

(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

Questions I want to ask today

Answers to my questions

MY TAKE-AWAY INFORMATION

Were there any **Medication or Diet Changes?**

YES or NO If YES:

Medication Name: _____

I am to take this ___ times per day, at _____

I am to stay on this for ___ days (or specify _____)

Why do I need to take this?

Medication Name: _____

I am to take this ___ times per day, at _____

I am to stay on this for ___ days (or specify _____)

Why do I need to take this?

Are there medications I don't need to take anymore, or anything else I should know?

Information about today's treatment plan, recommendations, and/or follow-up

(for ME, my family, caregivers, or other supporters)

medical professional signature

date

staff or provider signature

date