



‘MY HEALTH PURPLE FOLDER’

FOR PEOPLE ON THE AUTISM SPECTRUM

**THIS FOLDER IS ABOUT ME & MY
HEALTH**

For many people, attending health appointments can be very stressful. Doctors, nurses and other health professionals often ask for information that we can't always recall when we're in a tense situation. This folder has been developed for you to use at any health appointments where you might need to give lots of details about your past and present health issues. The document has been produced in consultation with autistic people and the information contained approved with professionals.

There are a number of different sections and you can complete all or just those ones that you feel will be useful to you personally.

You might find it helpful to have someone who knows you well to help you complete the document and you may wish to complete it over a few days rather than doing it one go.

Information about our health can change from time to time, especially medication, and you should ensure that you keep all information up to date.

In this document we have included pages on where to go for help when you are feeling unwell, a guide to preparing for a health appointment and a record of appointments. We hope you find the document helpful.

Personal Information

(For additional information/help place cursor on editable grey fields and press F1 on keyboard)

Name:

I like to be called:

Date of Birth:

12/07/1901

F1?

NHS Number:

- -

Address:

N^o & Street

Town

County

Postcode

Email:

My first language is:

I need an Interpreter:

Yes

No

I use British Sign Language (BSL):

Yes

No

I prefer to have a carer to help with communication:

Yes

No

(Indicate those that are relevant)

Religious and spiritual needs: *(please give details about how you would like religious or spiritual needs met. For example if you are a Jehovah's Witness you may choose not to have a blood transfusion or if you are Muslim you may have dietary requirements)*

Useful contact names and phone numbers

Person I would to be contacted in case of an emergency:

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Other people involved in my support:

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

Name:	Relationship:	Telephone: H: 0 M: 0
--------------	----------------------	-----------------------------------

N.B. useful contacts to include i.e. Partner/next of kin, GP, Psychologist, Community Nurse, Social Worker, support staff.

Medical History and Current Medication

Allergies/Intolerances?

Yes

No

Details: *E.g: Asthma, hayfever*

Allergies/Intolerances:	How this affects me:

Give Details about any mental health you have or have had in the past:

(i.e. depression, self-harming/injury, eating disorder)

Any other health conditions:

(i.e. diabetes type 1 or 2, epilepsy – give as much information about the signs to look for when you are going to have a seizure, chronic fatigue)

Do you smoke?

Yes

No

If yes, how many cigarettes do smoke each day?

Do you drink alcohol?

Yes

No

If yes how many units each week do you drink?

(a unit = 1 glass of wine or ½ pint of beer)

Do you take recreational drugs?

Yes

No

Medical History continued:

History of previous surgery: (Give details of all past surgery, what it was for, when and where it occurred)

Any other anxieties I may have:

Medication:

List all medication you take including any over the counter products you take on a regular basis for example vitamin supplements

Name of Medication:	Dose: <i>(i.e. 20mg)</i>	How often taken: <i>(i.e. once a day)</i>	Taken for: <i>(i.e. depression)</i>

Date list updated:

01/01/1971

F1?

Changes to my medication should not be authorised without first speaking to:

Name:

Role/Relationship to me:

Telephone:

Stopping taking any medication suddenly may cause me adverse effects:

Anxieties and Communications

Stopping taking any medication suddenly may cause me adverse effects:

Things that cause me to become anxious:

(e.g. new places, meeting new people, bright lights, noisy environments, smells)

How you can help me when I am anxious:

(e.g. introduce yourself and explain what you do, turn lights, take me to a quiet area if possible)

How I would prefer you to communicate with me:

(e.g. a quiet environment, ask me to repeat what you have said to make sure I have understood)

How I communicate: *(e.g. prefer to write things down)*

Other information

Other things that you will find useful to tell people about yourself: (give as much information as you wish to share, for example: how you show pain. If you wear hearing aids and/or glasses. If you have any mobility or or continence issues. If you are hypo-sensitive e.g. bright lights or sunshine, hearing/pitch or objects appear quite dark or lose some of their features, If you have certain rituals and routines give examples of what they are)

Who & when to call for help in Hertfordshire

<ul style="list-style-type: none"> ❖ Help with your medication ❖ Coughs and colds ❖ Aches and pains ❖ Vomiting or diarrhoea ❖ Allergies ❖ Minor illness 	<p>Visit your local pharmacy</p>
<ul style="list-style-type: none"> ❖ If you are stressed ❖ Depressed ❖ Worried ❖ Suffering from phobia 	<p>Call you NHS Wellbeing Team on 0300 777 0707</p>
<ul style="list-style-type: none"> ❖ Symptoms that worsen or won't go away 	<p>Contact your GP or practice nurse</p>
<ul style="list-style-type: none"> ❖ For urgent health advice 24/7. All calls are free. 	<p>Call NHS 111 or find online advice at: www.nhs.uk/SymptomsChecker</p>
<p>For minor injuries including</p> <ul style="list-style-type: none"> ❖ Cuts, bumps bruises and sprains ❖ Broken bones ❖ Scalds or burns 	<p>Visit your local Minor Injuries Unit or Urgent Care Centre</p>
<p>When you or someone you are with is;</p> <ul style="list-style-type: none"> ❖ Choking ❖ Experiencing chest pain/heart attack ❖ Blacking out ❖ Bleeding heavily ❖ Having a stroke 	<p>Call 999 ask for ambulance service</p>
<p><i>Taken from www.enhertscq.nhs.uk and www.hertsvalleysccq.nhs.uk Published March 2016</i></p>	
<p>When you are feeling low and in need of someone to talk to</p>	<p>Call the Samaritans on 116 123</p>
<p>For help with social care issues</p>	<p>Call Hertfordshire Adult Social Services on 0300 123 4042 or https://www.hertfordshire.gov.uk/services/adult-social-services/care-and-carers/arranging-and-paying-for-care/adult-care---how-to-get-care-and-support-from-us.aspx#</p>
<p>For independent support, guidance and information</p>	<p>Call HertsHelp on 0300 123 4044 or email info@hertshelp.net</p>

PREPARING FOR A HEALTH APPOINTMENT

Going for any health appointment whether it is a regular check up with your dentist or a new hospital appointment can be a stressful experience. If you prepare in advance of the visit it will help to reduce your stress levels. Listed below are some things you can do

Before the day

- When you receive the appointment letter note the date and time in your diary/calendar and on your phone.
- If you are going by public transport check the times of buses and trains that will get you to the hospital in plenty of time for your appointment.
- If you want someone to go with you check that they are available on the day
- Prepare a list of all the medication you are taking on the day of your appointment
- Collect any other information the appointment letter asks for
- Prepare a list of questions to ask at the consultation (some of them maybe answered during the consult)

On the day of the appointment

- Give yourself plenty of time to get ready and eat some breakfast or lunch (unless told not to eat before the appointment in the letter)
- Remember to take the appointment letter, your list of medication, the list of questions you have prepared, anything else the letter has asked you to provide, your My Health Purple Folder, a book or magazine to read while you wait and a snack if you are likely to get hungry
- When you arrive check in at the reception/check-in point and follow the instructions on where to go next.
- If you are worried you can tell the nurse or receptionist that you are nervous about the appointment, you can add that you are autistic.
- If you have someone to support you, whilst you wait to be called discuss what and how you would like them to support you in the consultation, for example take notes on what is being said
- Be prepared for delays, sometimes earlier appointments can overrun
- If you are uncomfortable sitting in a crowded waiting room speak to the nurse (explain about your autism) and ask if there is a quieter place to sit and ask them to come and tell you when your name is called
- Be prepared to see someone other than the named person on the appointment letter. This sometimes happens but the person you see will be part of the same team

In the consultation

- Introduce your supporter and explain why they are there or ask your supporter to do this
- It may help you and the professional to tell them that you are autistic
- Ask if it is OK to take notes
- Listen to what the professional is saying and if you don't understand ask them to repeat
- Answer any questions as fully as possible, use the 'My Health Purple folder' to remind you of past medical history
- You may have to have a physical examination. Be prepared for this
- Before you leave the consultation make sure you know and understand what will happen next.
- If you are getting anxious ask the professional to write down what they have told you.

After the appointment

- If you have been asked to make another appointment do this before leaving the building
- If you have been prescribed medication go and collect it as soon as possible
- Put the next appointment date in your diary or mobile phone and calendar
- Thank your supporter.

Your record of appointments

Date	Type of appointment (GP, hospital, dentist etc.)	Discussed and advice given	Seen by (name of DR, nurse dentist etc.)	Next appointment

You can photocopy this blank page

TABLE OF CONTENTS

PAGE 1	FRONT COVER AND INTRODUCTION
PAGE 2	PERSONAL INFORMATION
PAGE 3	USEFUL CONTACT NAMES AND PHONE NUMBERS
PAGE 4 & 5	MEDICAL HISTORY
PAGE 6	LIST OF CURRENT MEDICATION
PAGE 7	ANXIETY AND COMMUNICATION
PAGE 8	OTHER INFORMATION
PAGE 9	WHO & WHEN TO CALL FOR HELP
PAGE 10	PREPARING FOR A HEALTH APPOINTMENT
PAGE 11	RECORD OF APPOINTMENTS