

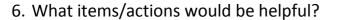
## **Autism Support Checklist**

## Communication

- 1. Does the patient communicate using spoken language?
- 2. What other ways does the patient communicate?
- 3. What would help the patient understand information?
- 4. How does the patient communicate pain?

## Sensory Needs

5. Does the patient have sensory triggers/needs?





Patient Name:	-
Patient Date of Birth:	
Date Completed:	_

Yes
No
Please explain:
Pictures
Written Words
Electronic Communication
Gestures
Other:
Spoken language
Pictures
Written Words
Electronic Communication
Other:
Spoken language
Crying/Screaming
Self Injury
Aggression
Other:
Avoid bright lights
Avoid loud noises
Avoids touch
Seeks pressure

- Other:
  - Sunglasses
  - Headphones

Other: \_\_\_\_\_

## Stress Ball Other: \_\_\_\_\_ Interacting with the Patient 7. What would help the patient understand the procedure/exam? Talk the patient through the exam Demonstrate on another person Show a picture schedule Other: \_\_\_\_\_ 8. Are there particular actions or phrases that are likely to trigger the patient? (e.g. people speaking loudly) Yes? Please explain: No 9. Does the patient engage in behaviors that could be a safety concern? Bolting Self-injurious behaviors Hitting, kicking etc.

10. What other information should we know to help make the patient more comfortable?

Please mail completed forms for BMC patients with autism to The Autism Program 72 E. Concord St. Vose, Boston MA 02118, or fax it to us at 617-414-3693. For questions, contact us at autismfriendlyinitiative@bmc.org.