The Autism Program
AT BOSTON MEDICAL CENTER

AUTISM FRIENDLY INITIATIVE
at Boston Medical Center

Autism Support Checklist

Patient Name: _____
Patient Date of Birth: _____
Date Completed: _____

Communication

1. Does the patient communicate using spoken language?

- ☐ Yes
- ☐ No
  Please explain: _____

2. What other ways does the patient communicate?

- ☐ Pictures
- ☐ Written Words
- ☐ Electronic Communication
- ☐ Gestures
- ☐ Other: _____

3. What would help the patient understand information?

- ☐ Spoken language
- ☐ Pictures
- ☐ Written Words
- ☐ Electronic Communication
- ☐ Other: _____

4. How does the patient communicate pain?

- ☐ Spoken language
- ☐ Crying/Screaming
- ☐ Self Injury
- ☐ Aggression
- ☐ Other: _____

Sensory Needs

5. Does the patient have sensory triggers/needs?

- ☐ Avoid bright lights
- ☐ Avoid loud noises
- ☐ Avoids touch
- ☐ Seeks pressure
- ☐ Other: _____

6. What items/actions would be helpful?

- ☐ Sunglasses
- ☐ Headphones
- ☐ 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.
- ☐ Other: _____

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.