Name

DOB

NHS
University Hospitals Plymouth
NHS Trust

Reasonable Adjustment requests for Autistic patients accessing Hospital services.

This form is for you to highlight what will make your hospital stay easier for you – we will endeavour to make adjustments to the care you receive based on your information, but are unable to guarantee your requests will be made fully – this could be due to a number of factors including your health and safety, the nature of the environment, staffing provision etc.

Please use the headings below as a guide to explain what could help you whilst in hospital.

Please give to your person responsible for your care once completed; they will advise what can reasonably be done to meet your requests.

Anxiety

Sensory

Physical

Communication

Advocacy/support

Name

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ALL STAFF PLEASE NOTE -THIS IS GUIDANCE TO HELP COMPLETE THE FORM AND IS AN EXAMPLE ONLY. PLEASE LOOK AT THE OTHER SIDE TO SEE SPECIFIC PATIENT INFORMATION.

Completing this form:

You may wish to consider the following suggestions – it is not a prescriptive list, please put down anything that you want others to know;

Anxiety - What causes you to be anxious? How would someone know that you are anxious? How can they help you?

FOR EXAMPLE: WHEN I AM ANXIOUS I OFTEN PUT MY HANDS OVER MY EARS AND SOMETIMES ROCK BACK & FORTH, IT HELPS IF YOU CAN KEEP ME UPDATED/FIND ME A QUIET AREA TO WAIT.

Sensory - Consider if you have difficulties with any visual stimulation (e.g. lights, patterns), hearing (e.g. loud noises, high pitched sounds), touch (e.g. being touched, texture of materials) and tastes/smells – What are they? How will you react?

FOR EXAMPLE: BRIGHT OR FLASHING LIGHTS MAKE ME FEEL PANICKY AND I MIGHT TRY TO COVER MY HEAD.IT HELPS IF I WEAR EARPHONES; HAVE A DARKENED ROOM.

Physical - Is there any physical stimulation that might have a profound effect on you? What sorts of things might cause you distress? What would help?

FOR EXAMPLE: I FEEL PHYSICAL PAIN IF I AM TOUCHED - I WANT TO BE WARNED BEFORE SOMEONE TOUCHES ME OR I MIGHT GET ANGRY OR SHOUT.

Communication – Do you struggle with communication? What aspects of communication do you find difficult? How do you communicate with other people best? How would you prefer other people to communicate with you? How best can people obtain necessary information about you to help care for you?

FOR EXAMPLE: I STRUGGLE TO TAKE INFORMATION IN WHEN THERE IS A LOT GOING ON AROUND ME. PLEASE SPEAK TO ME IN A QUIET ENVIRONMENT; IT WOULD HELP TO GIVE ME TIME TO THINK ABOUT MY ANSWERS.

Advocacy/support – Do you have someone who knows you well, and who you trust to speak up for you on your behalf if you are finding communication difficult? Do you need someone present to help with procedures or explanations?

FOR EXAMPLE: MY BROTHER (NAME) WILL SUPPORT ME WITH APPOINTMENTS WHEN HE CAN. HIS PHONE NUMBER IS ******* AND HE WILL SOMETIMES TALK TO OTHER PEOPLE OVER THE PHONE ON MY BEHALF.

Once this form is completed you can provide the hospital with a copy to place in your notes, you should also bring a copy with you any time you use hospital services, to show to staff if your notes are not immediately available. Although this form is designed for use in the hospital it can be used to inform any service of what Reasonable Adjustments would help you if you wish.

Leading with excellence, caring with compassion