

Please, cut passport and fold it to wallet size.

Name	Jane Doe
DOB	April 1, 1997
Diagnosis	Fetal Alcohol Spectrum Disorder (FASD)
Other Dx	ADHD, Learning disability, Difficulties telling time
Immunization	MMR, mening, Hep A, Hep B
Meds	Ritalin SR tablets - 10 mg, 2 times per day
ADL	I need reminders for bathing routines , I am independent in dressing myself, I am independent in using the bathroom, I am independent in eating, I wander at night, I do not need transportation assistance
Communicate	It can take a while to put my thoughts into words, Sometimes I have difficulty responding to people, Sometimes I have difficulty understanding others, I am somewhat uncomfortable around people I don't know, I like being approached in a calm manner
Behaviour	When I am upset, I prefer to be left alone, When upset, need quiet place, Need reminders/warnings for transitions, Large changes upset me
Env. issues	Loud noises, Touch, "Busy" environment
School	Educational assistant, Computer, To help me learn I need: clear instructions written down , School contact: Leah John 555-222-3333
1° provider	Dr. Joe Green
Providers	Dev Paediatrician, Psychiatrist, Psychologist
Pharm	Shoppers Drug Mart 555-333-2222
Decisions	I make my own decisions with help from ICE
ICE	Mary Doe (mother) 555-444-3333
Date Created	1/2/2014 www.sickkids.ca/myhealthpassport

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