

Person Supported / Patient: _____	Date of Birth: _____
Caregiver / Support Person: _____	Relationship: _____

CONFIRMED DIAGNOSES & DISABILITIES			
Diagnosis / disability	Year known	Source / provider if known	How it may affect communication, function, or medical care

CONDITIONS UNDER EVALUATION OR CAREGIVER-REPORTED CONCERNS
<p>Keep these separate from confirmed diagnoses. Note who raised the concern and whether evaluation is pending.</p> <p>_____</p> <p>_____</p> <p>_____</p>

COMMUNICATION, PROCESSING & UNDERSTANDING NEEDS	
☐ Needs extra time to respond ☐ Needs one question / instruction at a time ☐ Needs plain, concrete language ☐ Needs questions / instructions repeated ☐ May have limited or no verbal response at times ☐ May lose track during long explanations ☐ May have difficulty describing symptoms, dates, pain, or changes Best language / communication method: _____	☐ Uses writing, gestures, device, interpreter, or another method ☐ May have difficulty writing or completing forms ☐ May answer 'yes' without showing full understanding ☐ May agree to end a stressful conversation ☐ Needs choices explained one at a time ☐ Needs caregiver to provide baseline / day-to-day information ☐ Communication may change when tired, distressed, or overstimulated Best way to confirm understanding: _____

Person Supported / Patient: _____

Last Updated: _____

USUAL BASELINE & DAILY SUPPORT

What is usual for this person?

Typical communication / response time: _____

Usual help with hygiene / meals / medication: _____

Usual task completion / prompting needed: _____

Usual community, money, or technology support: _____

Meaningful change may include

- ☐ Slower / absent responses
- ☐ New confusion / difficulty with familiar steps
- ☐ Change in speech, movement, sleep, eating, or self-care
- ☐ Increase in fear, suspicious statements, withdrawal, or agitation
- ☐ New physical symptom / weakness / balance / alertness change
- ☐ Change in medication intake or supervision needs

CURRENT VISIT OR MEDICAL CONCERN

Reason for visit / what happened

When did the change begin? _____

What changed from usual functioning?

Exact words / actions observed: _____

MEDICAL-CARE CONSIDERATIONS

- | | |
|--|--|
| ☐ Waiting / noise / crowds / bright lights | ☐ Introduce each person / explain their role |
| ☐ Touch / physical exam / removing clothing | ☐ One question or step at a time |
| ☐ Needles / blood draws / imaging / dental procedures | ☐ Allow extra response time |
| ☐ Explaining pain, symptoms, or body location | ☐ Reduce noise / number of people speaking |
| ☐ Remembering instructions / reporting medication use | ☐ Explain before touching or starting procedure |
| ☐ Following discharge instructions independently | ☐ Provide written + spoken instructions |
| | ☐ Ask person to explain plan back in own words |
| | ☐ Invite caregiver observations when permitted / relevant |

CAREGIVER ROLE, AUTHORIZATION & IMPORTANT NOTES

- | | |
|---|--|
| ☐ Daily observation / supervision | ☐ Release / consent on file |
| ☐ Medication reminders / monitoring | ☐ Authorized representative |
| ☐ Transportation / appointment support | ☐ Legal decision-making authority |
| ☐ Household safety support | ☐ No formal authority |
| ☐ Communication / processing support | ☐ Status unknown |
| ☐ Records / provider coordination | ☐ Document attached / available |

Things that increase distress or make communication harder: _____

Please consider the person's listed disabilities, health conditions, communication needs, and usual baseline when assessing symptoms and giving instructions. A calm appearance, brief answer, or verbal agreement may not show full understanding or ability to carry out a care plan independently. This caregiver-prepared profile does not replace the medical record, informed consent, or legal decision-making documents.