

Please call our Emergency Department prior to arrival if possible.


718-226-1838 North Charge Nurse
475 Seaview Ave
718-226-2100- South Charge Nurse
375 Seguine Ave


MY SPECIAL NEEDS


If you are a **healthcare professional** that will be helping me,
PLEASE READ THIS
Before you try to help me with my care or treatment.


My full name is (patient): _____ I like to be called: _____
Date of birth: ____/____/_____
My primary care physician: _____
Physician's phone number: _____
Parent or Guardian Contact: _____
Pharmacy _____
Pharmacy's phone number _____

You can talk to this person about my health: _____
Date completed: ____/____/_____
Phone number: _____ Relationship _____

 **I communicate using:** e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds.

 **I am very sensitive to:** (e.g. touch, specific lights, sounds, odors, textures/fabric)

 **If I am in pain, I show it by:**

 **If I get upset, the best way you can help is by:**



How I cope with medical procedures: (e.g. How I react to injections, IV's, physical examinations x-rays)



My mobility needs are: (e.g. whether I can transfer independently, devices I use, pressure relief needed)



When eating/drinking, you may assist me by:

My favorite foods are: _____

I should not eat or drink: _____



Things that will help me pass the time and get more comfortable with you: (e.g. play cards, tell me a story)

Other special needs are:
