**Oxford Health NHS Autism Passport**

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| Name: | | Joe Bloggs | | | | | Preferred Pronouns: | He/him |
| Preferred  Language: | | Identity first (i.e. an autistic person)  Person first (i.e. a person with autism)  Combination/ I don't mind  Other (please specify): | | | | | Diagnoses: | I have a diagnosis of autism, ADHD and anxiety |
| I would like to share these feelings about my diagnosis: | | I have difficulties in relation to my autism, but I am very proud to be autistic. | | | | | Important information I would like you to know: | I find it difficult to manage formal 1:1 interactions, and would prefer to go for a walk and talk with you. |
| Preferred method of communication: | | Text  Phone  Email  Letter  Other | | | | | Is there anyone you would like us to contact in case of an emergency? | Mother (Joanne Bloggs)  01865 98765  07987654321 |
| NHS Number: | | 123 1234 1234 | | | | | Contact information: | 01865 12345  07123451234 |
| Allergies | | Peanut and amoxicillin | | | | | These are my needs around face coverings: | I wear a visor instead of a face mask |
| Physical health diagnoses: | | Epilepsy and Hayfever | | | | | I would like to share this information about my physical health: | My epilepsy is well managed by my medication, and I have not had a tonic clonic seizure since 2015. |
| Communication needs I would like to share: | | I require additional processing time of information, and may require you to repeat information. I find it helpful when I have written information to support verbal dialogue. I require information and questions to be shared ahead of time when possible. | | | | | | |
| My sensory reactions | | | | | | | | |
|  | Under responsive | | Average | Over responsive | What adjustments could be made/what do you need to know? | | | |
| visual |  | |  |  | I find bright lights difficult. I would prefer the lights to be off, and if possible, to have a lamp on instead.  I find glare difficult, where possible, draw the blinds/curtains.  If you could find me a room that is not so bright, e.g. the white walls can be very bright. | | | |
| audio |  | |  |  | I find noisy environments distracting, so would prefer to meet in a quieter room and not be disturbed.  If possible please remove your ticking clocks ahead of my appointment.  I find waiting rooms too noisy and overwhelming. I will wait in my car/stand outside, and wait for you to text that you are ready for me. Please meet me at reception. | | | |
| touch |  | |  |  | I don’t like to shake hands.  I like to feel the surfaces around me.  I may bring my sensory items with me e.g. sunglasses, chewelry, fidget gadgets, noise cancelling headphones. | | | |
| taste |  | |  |  | I will bring a drink in with me.  I may use my chewerly or chew gum.  I may bring food in with me, as I have a routine around this. | | | |
| Smell |  | |  |  | Please avoid wearing perfume that day.  Ask me if I would like the window open.  I may smell my essential oils throughout the appointment as this is very calming for me.  Strong cleaning products can be overwhelming, please consider the time of day when the appointment happens in relation to when it’s been cleaned. | | | |
| What do I need to know before we have an appointment? | | | | | | | | |
| * What time is the appointment and how is it going to last? * What we are going to discuss ahead of this and any questions you know you are going to as * Who will be at the appointment and what you look like (a photo with and without PPE is very helpful) * How you will let me know if you are running late? * If I need to bring anything | | | | | | | | |
| Specific face-to-face reasonable adjustments I require in line with the Equality Act (2010): | | | | | | | | |
| * To be able to wait outside/in my car before an appointment, and please text me and meet me at reception when you are ready * To meet with no more than two people at once. * Discuss an ‘exit strategy’ at the start, so I am able to leave if I need to * To end the appointment on time. If we have started late, please ask me if I would like to finish at the agreed time and have a shorter appointment, or to meet for the agreed length of time and finish later | | | | | | | | |
| Specific virtual reasonable adjustments I require in line with the Equality Act (2010): | | | | | | | | |
| * In meetings with more than one person, for the person speaking to only have their camera on * Everyone to use the ‘Hands’ function when they would like to speak * Ensuring people mute themselves when not speaking and that mobile phones are on silent during meetings * Where possible, ask if I would like this meeting to be recorded, to support my processing needs | | | | | | | | |
| What do I need after we have an appointment? | | | | | | | | |
| Please send me a follow up email summarising what we discussed, and any actions from this. | | | | | | | | |
| Other reasonable adjustments I require in line with the Equality Act (2010): | | | | | | | | |
| Please add anything we haven’t thought about e.g. information being printed on a certain coloured paper, or font style and size. | | | | | | | | |
| Important Likes | | | | | | Important Dislikes: | | |
| * Predictability * Routines * Being able to manage my own time and do things at my own pace * Tidiness and neatness, a clutter-free environment * Clear/concise/direct communication (people get to the point, they say what they mean) * When other people are on time for meeting with me | | | | | | * Unpredictability * Sudden or unexpected changes * Too many demands being placed on me at once * Untidy, unclean, cluttered environments * Indirect communication (people skirt around the issue, don’t say what they really mean) * When other people are late for meeting with me | | |
| Situations that I find difficult | | | | | | How to support me with this: | | |
| * Busy places * Noisy places * Bright lights * Interruptions * Feeling rushed or pressured into making decisions | | | | | | * Schedule appointments for quieter times of the day * Create a low-arousal environment e.g. dimming/switching off lights to let natural day light in, but if it’s too bright then adjust blinds accordingly. * Ensure colleagues know not to interrupt meeting/appointment as I can be easily distracted and I may become highly agitated if interrupted. * Give me additional time to process information. | | |
| Signs I am feeling overwhelmed | | | | | | What to do when I am feeling overwhelmed: | | |
| * Rocking back and forth * Picking my skin/biting my nails * I go pale * I withdraw from people and tend to hide away * I can become very quiet or short-fused * I find it difficult to focus or make decisions * I stop taking care of my own needs (e.g. nutrition – skipping meals; hydration – becoming dehydrated) | | | | | | * Be patient with me * Give me time to calm myself * Ask me if I’m ok * Ask me if there’s anything I need or anything you can do for me because by this point I find it very difficult to use my words and communicate my needs * Avoid talking to me in a way that requires much thought, engagement or verbal response * Just sit with me but don’t expect anything from me * I may need to sleep to recover – please allow me to be on my own in a darkened room for some time * Ask me if there’s anyone you can call to pick me up and take me home | | |