

**Autism** is a spectrum condition; autistic people share certain difficulties but will be affected in different ways.

**Social Communication:** Difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice, abstract language and social cues/rules. May have a very literal understanding of language, and think people always mean exactly what they say.

**Social Interaction:** Difficulty 'reading' other people – recognising or understanding others' feelings and intentions – and expressing their own emotions. They may appear to be insensitive/seek out time alone when overloaded by other people or behave in a way thought to be socially inappropriate.

**Repetitive Behaviour and Routines:** Having a daily routine is common. They may want to always travel the same way to and from school or work or eat exactly the same food for breakfast. The use of rules can also be important. Autistic people may not be comfortable with the idea of change but may be able to cope better if they can prepare for change in advance.

**Sensory Sensitivity:** Autistic people may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. This can cause anxiety or even physical pain.



## My Health Passport

For autistic people

### Personal Information

|                                          |  |
|------------------------------------------|--|
| Full name                                |  |
| How to address me                        |  |
| Date of birth                            |  |
| Address                                  |  |
| Phone number                             |  |
| GP                                       |  |
| NHS number                               |  |
| My medication                            |  |
| My medication reactions and/or allergies |  |

Other people I would like you to contact in connection with my treatment and care

| Name | Relationship | Phone number |
|------|--------------|--------------|
|      |              |              |
|      |              |              |
|      |              |              |

Other information you should know about me

|                                            |  |
|--------------------------------------------|--|
| How I prefer to communicate                |  |
| How I prefer others to communicate with me |  |
| My sensory differences                     |  |
| How I experience pain                      |  |
| How I communicate pain                     |  |

Other information (continued)

|                                         |  |
|-----------------------------------------|--|
| What I do when I am anxious             |  |
| What I need you to do when I am anxious |  |
| Things that cause me distress           |  |
| How you can avoid distressing me        |  |
| My special interests and hobbies        |  |

Any other relevant information