



A Self-Advocate's Guide to COVID-19

Part 4: COVID-19 Medical Information Form for People With Disabilities

This form helps you think about what support you need if you must stay in the hospital. Many hospitals have new rules to keep people safe during the Coronavirus outbreak. Your hospital may say you cannot have any visitors. Fill out this form with your team. It will help you advocate for your rights. It can help you get the medical treatment and supports you need.

COVID-19 Medical Information Form for People With Disabilities

I am a person with a disability.

Please read this before you help me.

My name: _____

I like to be called: _____



I communicate by: (check all that apply)

- Talking
- Writing or typing
- Pictures
- Sign Language
- Pointing to words
- Using a device

Please describe: _____

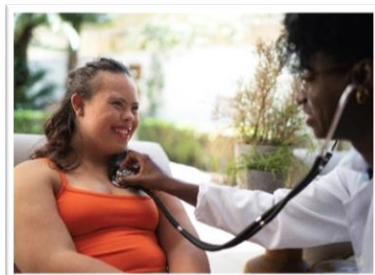
If you do not understand me, please call:

Name: _____

Phone: _____

My doctor's name: _____

My doctor's phone: _____



My typical reaction to a medical exam:

- Cooperate
- Afraid
- Try to stop what you are doing

I do not like it when doctors or nurses (please describe): _____

I like it when doctors or nurses (please describe): _____

Medical Problems I go to the doctor for (e.g. diabetes, seizures, smoking, heart problems): _____

My current medications: _____



I am allergic to: _____



I might get upset from (e.g. touch, noises, lighting, smells):

If I get upset the best way to help me: _____

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

**Giving
Consent**

- I am my own Guardian
- I have a Substitute Decision Maker
- I have a Guardian
- I have a Supported Decision-Making Team



Advocacy Alert: Many hospitals are not allowing patients to have visitors because of COVID-19.

Talk to your team. Think about what support you need if you must stay in the hospital. Tell the hospital, **“I have a disability. If I have to stay in the hospital”:**

- I can stay on my own in the hospital.
- I can stay on my own if I always get support by phone when getting medical updates or making decisions. I need phone support from
Name: _____ Phone: _____
- I cannot stay in the hospital alone. I must have a patient support person to help with advocating, communicating, understanding or self-care.



To Protect Your Rights in Vermont call 1-800-834-7890.
Leave a message. Say your name and the hospital you are at. Disability Rights Vermont will call you as soon as possible.

If you have an advance directive or a living will, bring a copy to the hospital.

If you do not have a living will, think about what you want.

1. If you cannot breathe, do you want a machine to help breathe for you?
 - Do you want it at all?
 - Do you want to try to see if it could help?
 - Do you want to use it for as long as you need it?
2. If your heart stops, do you want your doctor to try to restart it with pushing on your chest, medications, and electric shocks?
3. If you cannot eat or drink like you usually do, do you want food and water to be given to you through a tube to your stomach or in a vein?



This form can help you get the support you need when in the hospital.