# Partner organisation logos

Neuro-Inclusion Passport

This passport is available for anyone who is autistic/ADHD/dyslexic (or have other forms of neurodivergence) and is designed to improve your appointment experience when using our services. This passport is available to you if you are formally diagnosed, on a waiting list or self-identifying as neurodivergent. **For check boxes, tick all that apply.**

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| --- | --- | --- | --- | --- | --- |
| Name |  | | NHS number | |  |
| I prefer to be called | Enter preference | | Date of birth | | Enter date of birth |
| Pronouns | Preferred pronouns | | Date completed | | Select date |
| My neurodivergence | Autism  ADHD  Dyslexia  Other  If other neurodivergence, enter here | | I prefer my identitydescribed as | | Don’t mind  Identity first (an autistic person)  Person first (a person with autism)  Other  If other identity, enter here |
| My hobbies and interests | | | | | |
| Enter any hobbies or interests here | | | | | |
| I like these ways of contact or communication | Don’t mind  Phone  Texting  Email  In person  Written  Virtual or online  Other  If other like, enter here | | I don’t like these ways of communicating or contact | | Don’t mind  Phone  Texting  Email  In person  Written  Virtual or online  Other  If other dislike, enter here |
| Other things about communicating with me you need to know Here are some examples of what you may wish to include here: I can be very literal; I need time to process and respond; I prefer direct questions; I find eye contact difficult; I may be very direct | | | | | |
| Enter any other information about communication here | | | | | |
| **The following can cause anxiety or make an appointment more difficult** | | | | | |
| Unfamiliar places  New people  Travel there  Unexpected changes  Busy waiting rooms  Too many people | | Starting / finishing late  Finding the room  Bright lighting  Busy patterns or clutter  Background noises  Smells or aromas | | Certain textures  Unexpected touch  Describing emotions  Describing pain  Other  If other, enter here | |



|  |  |
| --- | --- |
| The following help me feel prepared for an appointment | |
| Venue details  Photos of venue and meeting room  The same room for all appointments  Car parking arrangements  Public transport information  Who I am meeting and their roles  Appointment length  What will happen during the appointment | Clear plan for the meeting  Information or forms sent in advance  Details of information you need from me (like medical history)  Appointment reminder (including what I need to bring)  Other  If other, enter here |
| These things help me for appointments | These things help me for virtual / online appointments |
| A quiet area to wait  Start or end of day appointment  Be taken to the meeting room  A clear plan for meeting followed  Supporting written material  Supporting diagrams or pictures  A shorter appointment  Time to respond to questions  Environmental adjustments  Lights off  A quiet room  Open window  Not too many people in room  A short break during meeting  Reviewing the previous appointment | I prefer **my** camera off  I prefer **your** camera off  Staying on mute unless speaking  Using the hand function for turn taking  Texting in chat box (rather than speaking)  I prefer you to have a neutral or plain background |
| Any other considerations for appointments |
| Please specify any other considerations |
| If you have sensory needs, you can bring these to your appointments | |
| Dark glasses  Headphones (noise cancelling / music)  Fidget device  Something soothing to hold | Masking scent  Other  If other, enter here |
| After the appointment I would find the following useful | |
| Summary of what was talked about  List of main tasks or actions  Plan for next appointment  Time and date of next appointment | Other  If other, enter here |
| Signs I am becoming overwhelmed | What to do when I am feeling overwhelmed |
| Please describe signs | Please describe signs |