



UNDERSTANDING MY HEALTH CARE TEAM

| My Personal Support Team <i>(Identify your personal supporters and their relationship to you)</i> | | Formal Supports <i>(Who are paid people that might be with you and what their role is at the visit)</i> | Who Has Legal Authority <i>(Place a check next to who has legal decision-making authority and identify the person)</i> | |
|---|----------------------|---|--|--------------------------|
| Who: | Relationship: | Paid Staff (PCA, DSP): | I have Legal Decision-Making Authority for My Health Care | <input type="checkbox"/> |
| | | | Power(s) of Attorney: | <input type="checkbox"/> |
| | | | 1. | |
| | | Residential/Provider Agency Staff: | 2. | |
| | | | Guardian: | <input type="checkbox"/> |
| | | | 1. | |
| | | Other: | Circle: Plenary (full) or Limited | <input type="checkbox"/> |
| | | | Conservator: | <input type="checkbox"/> |
| | | | 1. | |

UNDERSTANDING MY SUPPORT NEEDS

| Areas of Support for Medical Appointments/Events | What I Do/Need and Who Helps Me | Health Professional's Role In Supporting Me |
|--|---|--|
| Understanding what the medical professionals are saying, suggesting, recommending or instructing; helping me know my options, pros and cons | <i>Who do I trust to help me understand and how do I communicate with them?</i> | <i>Writing down instructions, using photos or pictures to explain procedures or directions</i> |
| Communicating my current situation, my decisions/choices, and responding to or asking questions of medical professionals | <i>Who helps me communicate with the medical professionals (doctor/nurse/care coordinator)?</i> | <i>Repeat my answers back to me; ask me to "teach back" instructions; ask me questions</i> |
| Following through with my medical choices, decisions, or following doctor/nurse/care coordinator's instructions or treatment plan | <i>Who helps with follow through (reminders, set up medications, checking in with me)?</i> | <i>Send out reminders by mail or text; follow-up appointments;</i> |

