

Dear Parent,

You are receiving this letter because your child is a patient at Intermountain Sandy Clinic's Medical Home and has been identified as having a special need.

My name is Lisa Wade and I am a parent partner with the Intermountain Sandy Clinic. I would like to introduce you to a couple of new services that are available at the clinic.

As a parent partner, who has a child with autism, I know how stressful it can be to bring him to see his doctor. I get tired of having to sit for a long time in the waiting room where my son gets more and more anxious and is ready to go home before we've even been taken to the exam room, or having to explain every time that Brandon is not likely to answer the staff's questions but that I still would like them to speak to him.

The first service is called "What to Expect". Enclosed is "What to Expect: A guide to me" form (adapted from McGinnis, 2009). Please take a look at the contents. The goal is for the medical staff to use this information to make your child's experience at the clinic more comfortable and to help alleviate some of those issues for you, too. If you would like to participate in this program, please fill out this form and mail it back in the enclosed envelope or bring it with you the next time you are at the clinic. We have processes in place that will give this information to our medical staff so they can know more about your child before they even interact with him or her at the next appointment. (To help us with this, you may want to mention that your child has a "What to Expect" form when checking in, just to make sure everything goes as smoothly as possible.)

The second program is called "Check In – Special Needs". This service allows you to check- in for your child with special needs appointment from your car. You can call the front desk at (801) 501 2150 and give your information, including co-pay by credit card, if applicable, and cell phone number. Our staff will call you when it is time to go to the exam room.

It is not always fun to have to go to the doctor, but we hope that we can make it a more pleasant experience for you and your family.

Sincerely,

Lisa Wade
Parent Partner
801-501-2412 (msg. line)

Date: _____

Family email _____

Completed by _____
MRN _____

What To Expect: A guide to me

Hello, my name is _____.
I have an appointment with you. I am not so sure about this appointment, but you can help by knowing some things about me.

My medical condition is _____.

INTERESTS (My favorite movies, hobbies, toys, themes, sports, topics, etc.)

COMMUNICATION

Speaking:

____ I talk a lot and sometimes it is hard for me to stop
____ I am good at talking and carrying on conversation

____ I don't talk much. Conversation is hard, but I like to be part of the conversation.

____ I don't talk much. It would be better if you just talk to _____.

____ I talk using pictures and gestures

____ I talk using a little computer (voice out-put device)

Other: _____

Listening

____ I am a good listener. I can understand what is being said.

____ I may not look like I am listening, but I hear and understand what you say.

____ I try to listen and do not always understand what you are saying, but please talk to me.

____ Listening is hard. It might be better if you talk to _____.

Other: _____

SENSORY

____ I do not have any sensory issues.

____ I have some sensory issues, but I will be fine during the appointment.

____ I have sensory issues that may make the appointment hard for me, such as: ____ What I Hear/Auditory

____ What I Smell/Olfactory ____ Touch/Being Touched/Tactile

____ Taste or Feelings/Mouth/Oral ____ What I See/Visual

____ It would be best to you ask my parent on the best way to work with sensory concerns

Other: _____

TIME & TIMING

____ I can wait for my appointment in the waiting room

____ It would be best if I could wait in a clinic room

____ I will do best if the appointment moves quickly

____ I do not do well when I feel rushed

____ It want to check in when I arrive in the clinic parking lot and wait in the car till it's time to go to the exam room.

Other: _____

HELPFUL HINTS

It will be helpful if you could:

1. _____

2. _____

3. _____

Please Don't:

1. _____

2. _____

3. _____
