Staten Island
University Hospital
Northwell Health℠

**Please call our Emergency Department prior to arrival if possible.**

**718-226-1838** North Charge Nurse
475 Seaview Ave
**718-226-2100**- South Charge Nurse
375 Seguine Ave

# MY SPECIAL NEEDS

If you are a **healthcare professional** that will be helping me,
**PLEASE READ THIS**
***Before*** you try to help me with my care or treatment.

My full name is (patient): _____ I like to be called: _____
Date of birth:____/_____/_____
My primary care physician:_____
Physician's phone number:_____
Parent or Guardian Contact:_____
Pharmacy_____
Pharmacy's phone number_____

**You can talk to this person about my health:**_____

Date completed:____/_____/_____
Phone number:_____ Relationship_____

**I communicate using:** e.g. speech, preferred language, sign language, communication devices or aids, non-verbal sounds.

_____

_____


**I am very sensitive to: (e.g. touch, specific lights, sounds, odors, textures/fabric)**

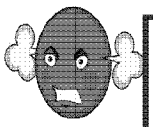
_____

_____

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

_____

_____



**If I get upset, the best way you can help is by:**

_____

_____

**How I cope with medical procedures:** (e.g. How I react to injections, IV's, physical examinations x-rays)

_____

_____

**My mobility needs are:** (e.g. whether I can transfer independently, devices I use, pressure relief needed)

_____

_____

**When eating/drinking, you may assist me by:**

_____

_____

**My favorite foods are:** _____

**I should <u>not</u> eat or drink:** _____

**Things that will help me pass the time and get more comfortable with you:** (e.g. play cards, tell me a story)

_____

**Other special needs are:**

_____

_____