

# Sample Patient Profile: For my medical appointment

## About me

This section will tell the doctor or nurse about you. There are sections later in this document where you can tell them about your support needs.

Full name		
Preferred name		
Pronouns		
Address		
Phone number		
Email address		
Date of birth		
Are you of Aboriginal or Torres Strait Islander origin?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander
Do you speak a language other than English at home?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify:	
Who will give consent?		
<input type="checkbox"/> Me <input type="checkbox"/> Someone else	Their name is:	
	Their relationship to me is:	

## About my support person

This section provides the nurse with information about your support person. It helps the doctor or nurse understand who your support person is in relation to you, and how they will be helping you.

If you don't have a support person, leave this section blank.

Support person information:

Full name	
Preferred name	
Pronouns	
Phone number	
Relationship to me	

Please check the statements that apply to you:

<input type="checkbox"/>	My support person will come with me to my appointment.
<input type="checkbox"/>	My support person will manage the booking and admin for my appointment.
<input type="checkbox"/>	My support person will come into the room/cubicle with me for my appointment.

## About my support needs

This section will provide the nurse with information about your support needs. This information will help the nurse support you during your appointment.

You don't have to fill out every section.

I like to communicate by:	
I need you to communicate with me by:	
Things I like:	Things I don't like:
My worries about getting vaccinated are:	
My sensory profile is:	
I will be bringing these things to my appointment to help me feel calm:	
I might show that I am in pain by:	

Do you have a fear of needles?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, a little bit	<input type="checkbox"/> Yes, a big fear
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## Information about my health

The nurse will ask you some questions before you have the vaccine. Below is a list of the questions they will ask.

You can think about these questions before your appointment and write down your answers. Then you can take this along to the appointment with you.

It is important the nurse knows the following about your health conditions. There is space for you to add extra information if you would like to.

I take these medications		
I have had anaphylaxis to vaccines or medicines		
<input type="checkbox"/> No	<input type="checkbox"/> Yes, name of vaccine/medicine:	
I am pregnant		
<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> Unsure:
I am immunocompromised (i.e. have a weakened immune system or take immune suppressing medication)		
<input type="checkbox"/> No	<input type="checkbox"/> Yes:	
I have had COVID-19 in the past, or have ongoing illness from COVID-19?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes (when was it):	

## Notes

### Based on the following resources:

COVID-19 vaccination – Preparing for COVID-19 vaccination - A patient factsheet about preparing for COVID-19 vaccination <https://www.health.gov.au/resources/publications/covid-19-vaccination-preparing-for-covid-19-vaccination>

My Health Passport - [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0032/858362/3.-Julians-Key-Health-Passport-100gsm-LHC-staple.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0032/858362/3.-Julians-Key-Health-Passport-100gsm-LHC-staple.pdf)

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