

Communication and Sensory Preferences

PREFERRED COMMUNICATION STYLE

I communicate more effectively when I can:

Share written notes

Look away to think

Provide the detail I need to

Stim: _____

Other: _____

Other: _____

And when you give:

Minimal speech

Extra processing time

Respect

Written information

Genuine curiosity

No eye contact

No expectation of facial expression or gesture

No touch

Other: _____

Other: _____

Other: _____

DESCRIBING EMOTIONS AND PAIN

I struggle to describe my bodily sensations, including accurate descriptions of pain and my emotions. I have found these help:

Using an emotion wheel

Being able to describe my emotions using images, music, poetry, or a song

Using numbers with descriptors for the severity of an emotion or pain

Sometimes I shut down and cannot speak. If/when this happens, please:

Tell me you understand

Tell me to take my time

Look away

Remind me to use this strategy:

ENVIRONMENT

May I request these adjustments please:

Dim lighting

Minimal background sounds

No strong odours

A choice of where to sit or stand

A longer consultation time

A shorter consultation time

An alternative waiting area

A support animal or person

Breaks

TO BE COMPLETED BY PATIENT



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CONCERNS I WISH TO DISCUSS TODAY

Concern 1: _____

Symptoms	
Onset and current triggers	
Frequency and severity of symptoms	
Functional impacts	
What helps	
What has been tried	

Concern 2: _____

Symptoms	
Onset and current triggers	
Frequency and severity of symptoms	
Functional impacts	
What helps	
What has been tried	