

Medical and Healthcare Letter of Intent

Date: [Insert Date]

Subject: Healthcare Preferences for [Individual's Name]

1. Primary Contact Information

Primary Physician: [Name, Phone, Address]

Preferred Hospital: [Hospital Name and Location]

Health Insurance Provider: [Company Name and Policy Number]

2. Current Medical Status

Diagnosis: [List primary and secondary diagnoses]

Allergies: [List all drug, food, and environmental allergies]

Current Medications: [List name, dosage, frequency, and purpose]

3. Routine Care and Maintenance

Daily Routine: [Explain morning/night rituals, hygiene needs, and assistance required]

Therapies: [List Physical, Occupational, Speech, or Behavioral therapies]

Dietary Requirements: [List special diets, textures, or restrictions]

4. Behavioral and Communication Cues

Pain Indicators: [How does the individual express pain or discomfort?]

Communication Method: [Verbal, Sign Language, AAC Device, Gestures]

Calming Techniques: [What works best during medical procedures or anxiety?]

5. Emergency Protocols

Seizure Protocol: [If applicable, describe steps and emergency meds]

Crisis Intervention: [Preferred method of de-escalation]

6. Future Medical Wishes

Surgery/Anesthesia Preferences: [Specific reactions or preferences]

End-of-Life Wishes: [Reference to DNR, POLST, or Living Will if applicable]

7. Signatures

Parent/Guardian Signature: _____

Date: _____

Secondary/Successor Guardian Acknowledgment: _____