

# Patient Care Preferences

Patient Care Preferences tells us who and what is important to you, and ways in which you would like to receive your care.

When admitted to hospital, we will ask you some questions about yourself. These questions include what your day-to-day activities are, usual behaviours for you, how you communicate, how you move around and who your support people are.

By letting your healthcare team know this information, it means that we can provide care in a way that suits you.

If you are planning to come to hospital, you can answer these questions before arriving by filling in your answers below. If you do not want to fill in the form, we can ask you these questions when you arrive at the hospital.

## Information about you

Your routine and personality before coming to Hospital	
These questions are being answered by:	
My social activities, hobbies and interests are:	
My hygiene routine is:	
My sleeping routine is:	
My preferred mealtimes and routines are:	
Ways which help me cope are:	



Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.  
 Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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My cultural and spiritual beliefs are:	

<b>My Care Preferences</b>	
The people who are most important to me are?	
You will know I am in pain when I:	
My sensory environment access needs are:	Examples: low lighting, reducing noise levels.
I will communicate with you by using:	<input type="checkbox"/> Speech <input type="checkbox"/> My communication system or device <input type="checkbox"/> Symbols <input type="checkbox"/> Pictures <input type="checkbox"/> Gesturing <input type="checkbox"/> Facial expressions <input type="checkbox"/> Simple words <input type="checkbox"/> When you wait for me to respond <input type="checkbox"/> My supporter/carer <input type="checkbox"/> Other
Ways that will help me to understand are:	<input type="checkbox"/> Short plain sentences <input type="checkbox"/> Simple words <input type="checkbox"/> Concrete examples <input type="checkbox"/> Diagrams or pictures <input type="checkbox"/> Checking to see if I understand <input type="checkbox"/> Asking me to explain it



Patient Information

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	<input type="checkbox"/> Asking my supporter/carer to explain it to me <input type="checkbox"/> Using real objects <input type="checkbox"/> Giving me a demonstration <input type="checkbox"/> Other
Someone or something that helps me to relax is:	
I would also like you to know: (Please list any other information that you think will help healthcare workers care for you while in hospital)	

If you have any questions or would like help to fill out this form, please contact:

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