



# COVID-19 COMPANION

Assisting frontline workers to understand my needs

**I'm a person with disability. Here's some information about me:**

My name is:\* \_\_\_\_\_

Date of birth:\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My cultural background and/or spiritual beliefs are:  
\_\_\_\_\_

I am an NDIS participant:  YES  NO

My Medicare number is:\*

My next of kin is: \_\_\_\_\_

My key support people are:

| Name: | Relationship: | Phone Number: |
|-------|---------------|---------------|
| _____ | _____         | _____         |
| _____ | _____         | _____         |
| _____ | _____         | _____         |

I best communicate by:  
(e.g. Spoken English, Auslan, braille, other communication aids, writing etc.)  
\_\_\_\_\_

The Australian Government upholds:

- The United Nations Convention on the Rights of Persons with Disabilities
- The Disability Discrimination Act (Cth) 1992.

These help to:

- Protect the rights and dignity of people with disability
- Ensure people with disability receive the same level of healthcare as other persons.  
Healthcare workers should promote the dignity and autonomy of people with disability, including their freedom to make their own choices. Health care services should be free from bias and / or discrimination.

\* Required Field

I have had these breathing or airways problems:  
(e.g. asthma, infections, aspiration, past surgery etc.)

---

My important health information is:  
(e.g. epilepsy, immune or heart problems, diabetes or other chronic diseases or cancer)

I usually take this medication:  
(include dose & how it is taken i.e. tablet, liquid)

| Medication: | Dose: | Frequency: | Form: (i.e. tablet, liquid) |
|-------------|-------|------------|-----------------------------|
| _____       | _____ | _____      | _____                       |
| _____       | _____ | _____      | _____                       |
| _____       | _____ | _____      | _____                       |
| _____       | _____ | _____      | _____                       |

If you need to do a medical assessment of me, please be aware:

I may need this support to make health decisions and to have treatment:

---

I have difficulties eating, drinking or swallowing?

YES       NO       UNSURE

My typical/ usual behaviours are:

You will know I am in pain or distressed if I:

To hear and see I need:  
(e.g hearing aid, glasses, contact lenses, etc.)

---