

DOCTOR VISITS – ALL AGES (5-18 YEARS)

CHILDHOOD (5-10 YEARS)

Executive Summary

Doctor visits trigger significant sensory distress in autistic children ages 5-10. Common challenges include white coat anxiety, paper crinkle sounds, cold instruments, stranger touch, bright exam lights, and unexpected commands. Pre-visit sensory kits, visual stories, and accommodation scripts reduce stress and build tolerance. Early success creates positive patterns for future healthcare. Goal: One calm visit per quarter within 6 months through systematic preparation, sensory support, and meltdown recovery protocols.

CRITICAL DISCLAIMER: EDUCATIONAL RESOURCE

This guide offers practical strategies and tools. It is **not** medical advice, diagnosis, or treatment. Always consult your healthcare provider, pediatrician, or medical professional for health concerns, medication decisions, or clinical guidance.

SECTION 1: Core Skills Checklist – Childhood (5-10)

Skill	What It Means	Can Your Child Do It?	Practice If Needed
Waiting Calmly	Stay in waiting room 10+ minutes.	Yes / No	Use sensory kit; practice short waits.
Stethoscope Tolerance	Let doctor listen to chest.	Yes / No	Warm it first; use favorite toy.
Thermometer Use	Accept temperature check.	Yes / No	Practice mouth vs ear.
Listen to Directions	Follow doctor's simple commands.	Yes / No	Use visual aids.
Sensory Kit Use	Manage tools during visit.	Yes / No	Pack favorites; practice at home.

Readiness Checklist – Childhood (5-10)

- Your child can sit for 15 minutes.
- You have a sensory kit assembled.

- You've practiced the visual story.
- You know three triggers to avoid.
- You have backup protein snack ready.

Readiness Score: 4-5 yes = ready to book. 2-3 yes = prep 1-2 more weeks. Under 2 = work with OT first.

SECTION 2: Context / Principles – Childhood (5-10)

Autistic children ages 5-10 process sensory input differently. Bright lights, unexpected touch, and strange sounds can overwhelm the nervous system. Systems beat willpower. Pre-visit routines, visual stories, and clear scripts reduce anxiety and help your child predict what happens. Early positive visits build confidence. Strength-based approach: many autistic children excel at routine and pattern recognition—use these to their advantage.

SECTION 3: Sensory Profile Checklist – Childhood (5-10)

Sound Sensitivities

- Paper gown crinkle sounds
- Blood pressure cuff beep
- Door slams in hallway
- Stranger voice volume/tone
- Otoscope clicking

Tactile Sensitivities

- Cold stethoscope on skin
- Thermometer under tongue or armpit
- Stranger hands touching body
- Sudden touch surprises
- Tight blood pressure cuff

Visual Sensitivities

- Bright exam room lights
- White sterile walls

- Medical charts and posters
- Sudden light changes
- Movement in peripheral vision

Smell Sensitivities

- Alcohol wipes
- Exam room cleaner
- Hand sanitizer
- Latex gloves
- Paper and ink

Social Sensitivities

- Doctor giving commands ("Open wide!")
- Forced cheerfulness from staff
- Stranger in close proximity
- Eye contact expectation
- Unpredictable conversation

SECTION 4: Sensory Hacks – Childhood (5-10)

Sound Reduction

- Noise-canceling headphones from car entry through checkout.
- Request quiet check-in corner.
- Warn child of beeping machines beforehand.

Touch Preparation

- Warm stethoscope under warm water before use.
- Let child touch cold objects at home first.
- Ask permission before each touch.

Visual Comfort

- Request dimmed exam room lights.

- Bring favorite blanket or hoodie to cover eyes if needed.
- Use familiar waiting room corner away from posters.

Scent Management

- Bring unscented lotion for wipe-down.
- Ask staff to skip scented hand sanitizer.
- Pack mint gum or favorite scent.

Predictability

- Use laminated visual schedule (see below).
- Practice at home with toy doctor kit.
- Narrate each step before it happens.

SECTION 5: Pre-Visit Call Script – Childhood (5-10) (Copy & Paste)

"Hello, I'm booking an appointment for [Child's Name], age [age], who has autism. We need [first or last] slot, please. Can the doctor meet us in the waiting room first so [child] can see a familiar face? Today we need [list: no shots, sensory evaluation, routine checkup]. [Child] has sensory sensitivities to bright lights, paper sounds, and sudden touch. Can you dim the exam lights and warm the stethoscope? Thank you."

SECTION 6: Packing List – Childhood (5-10)

Sensory Tools

- Noise-canceling headphones
- Fidget spinners or pop-its
- Chewy tube or chewy jewelry
- Weighted vest or weighted blanket
- Favorite small toy (not electronic)
- Stress ball

Comfort Items

- Familiar blanket or lovey
- Favorite hoodie or soft sweater

- Sippy cup or water bottle
- Soft pillow if allowed

Food & Hydration

- Protein pouch (nut butter, cheese)
- Cheese sticks or protein bar
- Crackers (no sugar to prevent crash)
- Apple slices
- Water bottle

Documents & Lists

- Laminated doctor visit visual story (see below)
- Allergy and medication list
- Sensory needs summary card
- Insurance card copy
- Any recent test results

Entertainment

- iPad or tablet (1 comfort show downloaded)
- 3 small quiet toys (no beeping)
- Coloring book and pencils
- Picture book

SECTION 7: Visual Schedule – Childhood (5-10) (Example)

[Date] Doctor Visit Schedule

Time	Activity	What to Expect
3:00 PM	Protein snack at home	Cheese, crackers, water – no crash later.
3:30 PM	Get in car	Headphones ready. Bring sensory kit.

Time	Activity	What to Expect
3:45 PM	Drive to office	Favorite song on. Take deep breaths.
4:00 PM	Park near front door	If waiting room crowded, wait in car with parent.
4:10 PM	Doctor meets in waiting room	Familiar face first! No surprises.
4:15 PM	Enter exam room	Lights dimmed if possible. Warm stethoscope ready.
4:20 PM	Listen to heart/lungs/belly	Deep breaths. "All done in 10 seconds!"
4:25 PM	All done, check out	Pick sticker from nurse. No shot today.
4:40 PM	Drive home	Favorite snack in car. Rest time after.

SECTION 8: Laminated Doctor Visit Story – Childhood (5-10) (Copy & Paste)

MY DOCTOR VISIT STORY

A doctor is like a car mechanic for people. The doctor checks if everything in your body is working right. The doctor is a safe friend.

When you arrive, you sit in the waiting room. You might see other people. You can use your fidget or read a book.

Then the nurse calls your name. You walk to the exam room. The lights might be bright. You can wear headphones.

The doctor comes in and says hello. The doctor is kind.

The doctor uses a stethoscope. It's a long tube with earpieces. The doctor listens to your heart and lungs. It's cold at first. You take big, slow breaths.

The doctor might check your ears with an otoscope. It's a small light. It tickles a little.

The doctor might take your temperature. This goes under your tongue or in your ear. You stay still. It beeps when done.

The doctor might check your blood pressure. A soft cuff goes on your arm. It squeezes a tiny bit. It's OK.

All of these checks take about 5-10 minutes total.

When the doctor is done, you did a great job. The nurse might give you a sticker. Then you go home.

You are safe. Mom/Dad is right there.

SECTION 9: Parent Scripts – Childhood (5-10) (Copy & Paste)

Script: Explaining the Stethoscope

"The stethoscope is the doctor's listening tool. It's shaped like a Y. The doctor puts the earpieces in and the cold circle on your chest. We'll warm it first under warm water. It listens to your heartbeat—thump-thump, thump-thump. It takes about 10 seconds. Then it's all done."

Script: Explaining the Thermometer

"The thermometer takes your temperature. This is how hot or cold your body is. It goes under your tongue or in your ear. You stay still. It beeps when finished—DING! Like a microwave. It takes about 20 seconds."

Script: Explaining Stranger Touch

"The doctor checks you like Mommy checks for fever. The doctor's hands are safe. I am right here watching. The doctor is helping to keep you healthy."

Script: Reframing the Paper Gown

"The paper gown is like a crinkly cape! Superheroes wear capes. This cape is for the doctor's visit. It keeps your clothes clean. You are strong and brave."

Script: Entering the Office

"We are going to the doctor's office now. The waiting room might have other people. We brought your headphones and fidget. The doctor will meet you first. Everything we practiced is going to happen just like we said."

SECTION 10: Sensory Kit Checklist – Childhood (5-10)

Before Every Visit, Pack:

- Noise-canceling headphones
- Fidget toy (pop-it, spinner, stress ball)
- Chewy tube or jewelry
- Favorite small toy
- Blanket or soft item
- Water bottle
- Protein snack (cheese, nut butter)
- Laminated visual story
- Medication/allergy list

SECTION 11: Food Timing & Biomedical Preparation – Childhood (5-10)

Pre-Visit Biomedical Protocol (Educational)

- **1 hour before:** Protein snack (cheese, nut butter, egg) prevents blood sugar crash and anxiety spike.
- **30 minutes before:** Full hydration (8 oz water) prevents sensory overload from dehydration.
- **Morning of visit:** If child takes magnesium glycinate, this is a safe, gentle preparation (discuss dose with doctor).
- **Avoid 2 hours before:** Sugar, processed foods, caffeine (if age-appropriate) – these amplify anxiety and overload.

Post-Visit Recovery

- **Immediately after:** Quiet time, headphones, sensory tools.
- **Within 30 minutes:** Protein snack and water to stabilize.
- **Within 1-2 hours:** Calm activity at home (not stimulating screens if possible).

SECTION 12: Biomedical Considerations Table – Childhood (5-10) (EDUCATIONAL)

Problem	Common Symptoms	Possible Biomedical Factors	Professional Evaluation Steps
Anxiety before visit	Avoidance, shutting down	Sleep deprivation, sensory sensitivity, low magnesium	Pediatrician checks sleep schedule; consider magnesium glycinate under doctor guidance.
Sensory overload during visit	Meltdown, covering ears, crying	Sensory processing differences, auditory hypersensitivity	Occupational therapist assesses sensory profile.
Difficulty holding still	Fidgeting, bolting	Executive function challenges, vestibular need	OT provides movement breaks; doctor allows fidget.
Throat/gag reflex	Gagging on thermometer	Sensory sensitivity, anxiety	Try ear thermometer instead; desensitize at home first.
Post-visit illness	Gets sick days after	Stress response, immune activation from sensory overload	Ensure hydration and rest; consider gentle probiotics (doctor approval).

All treatment and supplement decisions require licensed healthcare provider input.

SECTION 13: Meltdown Recovery Protocol – Childhood (5-10)

If your child shows signs of distress (crying, covering ears, saying "no," stiffening):

1. **Headphones on IMMEDIATELY** – Do not talk or explain. Just put on headphones.
2. **Exit to quiet space** – Car, hallway, bathroom, waiting room corner. Movement away from stressor.
3. **Protein + water** – Offer snack silently. No negotiation.
4. **Wait minimum 20 minutes** – No talking, no forcing. Just presence.
5. **Do not retry today** – Reschedule non-emergency visits. One attempt per day maximum.
6. **Go home for rest** – Quiet time, low lights, minimal input.

- 7. **Drive-thru or treat later** – Once fully calm (30+ min), small reward. Not as bribe, but as recovery ritual.

Success markers: Child's breathing normalized, responding to you, no covering ears.

SECTION 14: Post-Activity Reflection – Childhood (5-10) (Parent Tracker)

After each doctor visit, note:

- How long did child wait calmly? _____ minutes
- Which sensory tools helped most? _____
- Any meltdown? Yes / No. How did recovery go? _____
- Did scripts/visual story help? Yes / No / Somewhat
- What sensory trigger was hardest today? _____
- What went well? _____
- Next visit confidence level (1-10): _____
- What to improve next time? _____

SECTION 15: Visit Tracker – Childhood (5-10)

Date	Type of Visit	Sensory Kit Used?	Meltdown?	Recovery Time	Next Visit Date
		Yes / No	Yes / No		
		Yes / No	Yes / No		

SECTION 16: Crisis Scenarios – Childhood (5-10)

Scenario: Waiting Room Sensory Overload

Problem: Crowded waiting room, loud sounds, other children, bright lights.

Same-Day Actions:

1. Exit to car immediately.
2. Headphones on, fidget in hand.
3. Wait in car with door closed.
4. Parent sits quietly beside child.
5. Offer water and snack.

6. Reschedule for first appointment slot next time.

Prevention Script: "If waiting room feels too loud, we can wait in the car. You are safe. I am with you."

Scenario: Refuses Stethoscope

Problem: Child says "no," covers chest, steps back.

Same-Day Actions:

1. Do not force.
2. Offer headphones.
3. Say: "Doctor just needs to listen for 10 seconds. You can count: 1, 2, 3... 10. Then all done."
4. Let child hold the stethoscope first.
5. Let child listen to own heartbeat.
6. Doctor can ask parent's permission to try again after 5-minute break.

Script: "Your heart makes a sound—thump-thump. The stethoscope helps doctor hear it. You are safe."

Scenario: Meltdown During Exam

Problem: Child crying, covering ears, saying "stop."

Same-Day Actions:

1. Say: "I see you are upset. We can stop."
2. Headphones on immediately.
3. Move to waiting room or car.
4. No talking, just presence.
5. Protein and water within 5 minutes.
6. Minimum 20-minute calm before retry.
7. Reschedule non-emergency parts.

Script: "Your body is telling us you need a break. That's OK. We go home now. You are safe."

Scenario: Post-Visit Illness (Viral, etc.)

Problem: Child gets sick within 2-3 days of visit.

Same-Day Actions (Educational):

1. Ensure full hydration (water, electrolyte drink).
2. Protein at each meal.
3. Extra rest (naps if needed).
4. Minimal sensory input.
5. Contact doctor if fever or persistent symptoms.

Prevention: Stress response can lower immunity. Extra sleep and hydration before visits help.

SECTION 17: Milestones & Celebrations – Childhood (5-10)

Achievement	How to Celebrate
Waiting room 5 minutes calmly	Sticker chart reward.
Let doctor touch chest (stethoscope)	Special snack at home.
Took temperature without major upset	Extra playtime or favorite activity.
Full appointment without meltdown	Small toy or book.
Three visits completed in 6 months	Special outing (park, ice cream, etc.).

Remember: Progress is non-linear. One calm visit followed by a harder one is normal. Celebrate effort, not perfection.

SECTION 18: National Resources – Childhood (5-10)

- **Autism Speaks** (autismspeaks.org): Healthcare guides for autism.
- **The Autistic Self Advocacy Network** (autisticadvocacy.org): Autism-affirming resources.
- **American Academy of Pediatrics** (healthychildren.org): Sensory-friendly healthcare tips.
- **Your state Medicaid office:** Covers healthcare for eligible children.
- **Local occupational therapy:** Sensory desensitization programs.

- **Autism center or developmental pediatrician:** Specialized medical care.
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TWEENS (10-14 YEARS)

Executive Summary

Autistic tweens ages 10-14 face unique healthcare challenges: embarrassment about "baby treatment," anxiety about puberty discussions, executive function demands (remembering symptoms, medications, insurance), and social discomfort during exams. Pre-visit symptom lists, self-advocacy practice, and privacy accommodations shift responsibility toward independence while maintaining support. Goal: Tween self-reports symptoms to nurse and leads 50% of doctor conversations within 90 days, building confidence for teen autonomy.

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SECTION 1: Core Skills Checklist – Tweens (10-14)

Skill	What It Means	Can Your Tween Do It?	Practice If Needed
Self-Advocacy	State sensory/emotional needs.	Yes / No	Practice scripts; role-play at home.
Symptom Reporting	List symptoms without parent prompt.	Yes / No	Write list; practice speaking to mirror.
Medication Recall	Know names and doses.	Yes / No	Laminated card; weekly review.
Processing Questions	Answer doctor without panic.	Yes / No	Practice with parent; write answers down.
Privacy Awareness	Understand boundaries during exam.	Yes / No	Discuss puberty changes; request privacy screen.

Readiness Checklist – Tweens (10-14)

- Tween can name 2-3 current medications.
- Tween has written symptom list ready.

- Tween has practiced one self-advocacy script.
- Tween knows it's OK to say "I don't know, let me ask my parent."
- Tween is ready to talk about puberty changes if applicable.

Readiness Score: 4-5 yes = practice with lower-stakes visit first. 2-3 yes = build these skills 2-3 weeks. Under 2 = focus on readiness.

SECTION 2: Context / Principles – Tweens (10-14)

Tweens ages 10-14 are growing independence but still need scaffolding. Embarrassment about "baby" treatment is real. Shifting the conversation to tween self-advocacy builds dignity and confidence. Executive function demands (remembering meds, describing symptoms) require written tools, not willpower. Early self-advocacy practice at lower-stakes visits (dentist, routine checkup) builds skills for higher-stakes visits (physical, puberty exam). Strength-based: many autistic tweens excel at detail recall and written communication—use these strengths.

SECTION 3: Sensory Profile Checklist – Tweens (10-14)

Sound Sensitivities

- Blood pressure machine beeps
- Paper gown crinkle
- Door slams or phone ringing
- Staff conversation in background
- Waiting room chatter

Tactile Sensitivities

- Blood pressure cuff tightness
- Puberty exam touch (if applicable)
- Unexpected physical contact
- Tight clothing (paper gown)
- Temperature probe placement

Visual Sensitivities

- Bright exam lights

- Visual focus on body during exam
- Posters with medical images
- Sudden exposure (gown removal)

Social Sensitivities

- Doctor giving direct commands
- Eye contact expectation
- Forced conversation
- Shame or judgment tone
- Discussing puberty in front of parent
- Adults treating as "child" (baby talk)

Executive Function Sensitivities

- Multiple questions at once
- Pressure to remember details
- Rapid topic changes
- Unorganized paperwork
- Time pressure

SECTION 4: Sensory Hacks – Tweens (10-14)

Sound Management

- Noise-canceling headphones until called back.
- Request quiet check-in area.
- Warn of beeping machines; ask for low-volume notification.

Touch Boundaries

- Request privacy screen during exam if puberty-related.
- Ask: "Can you tell me before you touch?"
- Wear hoodie or preferred clothing as long as possible.

Processing Support

- Bring written symptom list (not parent's voice).
- Ask: "Can I have a moment to think before I answer?"
- Permission to say: "Let me ask my parent" if unsure.

Social Comfort

- Request tween-friendly language ("checking your development" vs "puberty exam").
- Ask doctor to address tween directly, not parent.
- Bring fidget for hands and eyes during awkward moments.

Environmental

- Request dimmed lights or permission to keep sunglasses on.
- Arrive early to acclimate to waiting room.
- Know the layout; request tour if first visit.

SECTION 5: Pre-Visit Call Script – Tweens (10-14) (Copy & Paste)

"Hi, scheduling [Date/Time] for [Tween's Name], age [age], who has autism. We'd like [first or last] slot. My tween will practice self-advocacy, so the nurse can do vitals and symptom check first with [tween] leading. Can we have a privacy screen for the exam? [Tween] needs time to process questions—short sentences help. Thank you."

SECTION 6: Packing List – Tweens (10-14)

Self-Advocacy Tools

- Laminated card: "I have autism. I need time to process. Here's my symptom list. It's OK to ask my parent if I get stuck."
- Written symptom list (tween's handwriting)
- Medication list with names/doses
- Insurance card copy

Tech & Comfort

- Noise-canceling headphones
- Smartphone with calming playlist
- Hoodie or preferred sensory clothing

- Fidget (pop-it, stress ball, spinner)

Food & Hydration

- Protein bar or pouch
- Water tumbler with straw
- Electrolyte powder packets
- Crackers

Documents

- Current medication list
- Allergy summary
- Recent symptom tracker (if relevant)
- Any recent test results

SECTION 7: Pre-Visit Preparation – Tweens (10-14)

1 Week Before

- Tween writes symptom list (spelling/grammar OK, parent edits if needed).
- Tween practices saying symptoms aloud.
- Review medication names/doses together.
- Tween practices one self-advocacy script.

Day Before

- Pack sensory kit together.
- Tween walks through expected sequence.
- Parent says: "You lead the symptom part. If stuck, I'll help."

Morning Of

- Protein breakfast (no sugar crash).
- Hydrate well.
- Review symptom list one more time.
- Positive framing: "You've got this. I'm here if you get stuck."

SECTION 8: Symptom List Template – Tweens (10-14) (Copy & Paste)

SYMPTOMS TO TELL THE DOCTOR

Symptom 1: [e.g., Headaches]

When: [e.g., 4 days this week, mostly mornings]

Worse when: [e.g., bright lights, loud noise]

What helps: [e.g., ibuprofen 200mg, dark room]

Questions: [e.g., Is this normal? Should I take it daily?]

Symptom 2: [e.g., Stomach aches]

When: [e.g., After eating certain foods]

Worse when: [e.g., Stress, eating too fast]

What helps: [e.g., Ginger tea, slow eating]

Questions: [e.g., What foods should I avoid?]

Medication Check

- Still taking [Med name, dose, time]? Yes / No
- Any side effects? _____
- Need refill? Yes / No

SECTION 9: Self-Advocacy Scripts – Tweens (10-14) (Copy & Paste)

Script: Leading Symptom Report

"Hi, I'm [Name]. I have headaches. They happen 4 days a week, worse in mornings. Bright lights make them worse. Ibuprofen 200mg helps. My question is, should I take it daily or only when it happens?"

Script: Requesting Processing Time

"I need a moment to think about that. Can you ask again in 10 seconds?"

Script: Asking for Privacy

"Can I have a privacy screen during the exam? I'm more comfortable that way."

Script: Requesting Dimmed Lights

"I'm sensory sensitive to bright lights. Can we dim these? That would really help."

Script: Saying "I Don't Know"

"I don't remember that detail. Let me ask my parent. Is that OK?"

SECTION 10: Parent Role Shift – Tweens (10-14)

Parent's Job Now:

- Sit back, let tween talk first.
- Jump in **ONLY** if tween is stuck for 10+ seconds.
- Affirm tween's answers: "Good job explaining that."
- Handle scheduling, insurance, paperwork.
- Provide privacy for sensitive exams.
- Debrief afterward with tween, not as interrogation.

What NOT to Do:

- Don't answer for tween automatically.
- Don't correct minor speech errors during visit.
- Don't shame tween if they forgot a detail.
- Don't treat exam like it's "no big deal"—normalize feelings.

SECTION 11: Food Timing & Biomedical Preparation – Tweens (10-14)

Pre-Visit Protocol (Educational)

- **1.5 hours before:** Balanced snack with protein (protein bar, cheese, yogurt).
- **30 minutes before:** Full hydration (water, electrolyte drink).
- **Avoid 2 hours before:** Sugary foods, high-caffeine products (if applicable) – amplifies anxiety.
- **Day of:** Ensure sleep; a rested tween handles social demands better.

Post-Visit Recovery

- **Immediately after:** Quiet space, fidget, headphones if needed.
- **Within 1 hour:** Protein snack to stabilize.
- **Rest of day:** Low-demand activity; avoid big surprises.

SECTION 12: Biomedical Considerations Table – Tweens (10-14) (EDUCATIONAL)

Problem	Common Symptoms	Possible Biomedical Factors	Professional Evaluation Steps
Pre-visit anxiety	Avoidance, sleep loss, stomachache	Sleep deprivation, sensory anxiety, hormone changes (puberty)	Pediatrician checks sleep and anxiety levels; may discuss calming strategies.
Difficulty processing questions	Freezing, blanking, saying "I don't know"	Executive function challenge, auditory processing, anxiety under pressure	Psychoeducational testing; speech pathologist for processing support.
Sensory overload during exam	Meltdown, shutting down, crying	Sensory processing difference, touch sensitivity, social stress	OT assessment; doctor uses gentle approach, privacy screen.
Mood changes	Irritability, emotional intensity	Puberty hormones, anxiety, sensory overload buildup	Pediatrician monitors mood; discuss coping strategies.
Sleep issues post-visit	Can't sleep, replays visit in mind	Anxiety activation, adrenaline from stress	Ensure calm evening; discuss with doctor if persistent.

All treatment and supplement decisions require licensed healthcare provider input.

SECTION 13: Meltdown Recovery Protocol – Tweens (10-14)

If your tween shows distress (shutting down, crying, angry, covering face):

1. **Acknowledge:** "I see you're overwhelmed. That's OK."
2. **Exit:** Move to waiting room corner, car, or quiet hallway.
3. **Headphones/Fidget:** Offer immediately; no talking initially.
4. **Hydration + Snack:** Water and protein within 5 minutes.
5. **Wait 20+ minutes:** Let nervous system settle. No forced conversation.
6. **Reschedule non-urgent:** Do not retry today. One attempt per day maximum.

- 7. **Debrief later at home:** Once fully calm, ask: "What was hardest? What would help next time?"

Success markers: Tween breathing normally, responding to you, ready to move on.

SECTION 14: Post-Activity Reflection – Tweens (10-14) (Tween & Parent Tracker)

After each appointment, tween writes or tells:

- What went well? _____
- What was hardest? _____
- Which sensory tool helped most? _____
- Did the script help? Yes / No / Somewhat. Why? _____
- Did the doctor listen? Yes / No / Somewhat.
- What would make next visit easier? _____
- Confidence for next visit (1-10): _____
- Did I remember my meds? Yes / No
- Did I tell the doctor my symptoms? Yes / No

SECTION 15: Visit Tracker – Tweens (10-14)

Date	Type of Visit	Tween Led?	Symptoms Reported?	Meltdown?	Privacy Needed?	Confidence Next Time
		Yes / No	Yes / No	Yes / No	Yes / No	1-10 scale
		Yes / No	Yes / No	Yes / No	Yes / No	1-10 scale

SECTION 16: Crisis Scenarios – Tweens (10-14)

Scenario: Freezing During Symptom Report

Problem: Tween goes blank, can't speak, looks at parent.

Same-Day Actions:

1. Say quietly: "You've got this. Take your time."
2. Offer symptom list: "Want me to read these aloud?"
3. Parent adds: "My tween has been having headaches—want to tell the doctor?"

4. If still stuck: "It's OK. Let me help. We'll try again next time."

Prevention Script: Practice at home with a family member first. Tween reads symptoms aloud multiple times.

Scenario: Embarrassment About Body/Puberty Talk

Problem: Tween refuses to discuss changes, covers face, angry.

Same-Day Actions:

1. Normalize: "Your doctor checks this for all kids your age."
2. Offer privacy: "You can wear your shirt; I'll step out for the exam."
3. Use neutral language: "Checking your growth."
4. Let tween ask questions first: "What do you want to know?"

Script: "This is normal. Your doctor isn't surprised. I can wait outside if that feels better."

Scenario: Doctor Addresses Parent, Not Tween

Problem: Doctor ignores tween, speaks only to parent.

Same-Day Actions (Gentle):

1. Parent softly says: "My tween has the answer—[Tween's Name], go ahead."
2. Parent remains quiet; gives tween space.
3. After visit, parent affirms: "Great job speaking up."
4. If persistent, request tween-focused provider next visit.

Script for parent to give tween: "You are the expert on your body. Tell the doctor what you feel."

Scenario: Medication Confusion

Problem: Tween can't remember med name or dose; feels dumb.

Same-Day Actions:

1. Normalize: "Lots of people forget. That's why we write it down."
2. Show laminated med list.
3. Tween reads it aloud.
4. Parent says: "Smart thinking to bring the list."

Prevention: Weekly med review at home; tween points to each bottle and says name/dose aloud.

SECTION 17: Milestones & Celebrations – Tweens (10-14)

Achievement	How to Celebrate
Tween writes first symptom list	Praise effort; small snack.
Tween reports symptoms (with support)	"You're building independence!"
Tween answers one doctor question	Recognition from parent.
Full visit with tween leading 50%	Special activity tween chooses.
Three visits with decreasing parent help	Larger privilege or outing.

Remember: Independence is gradual. Celebrate stepping up, not perfection.

SECTION 18: National Resources – Tweens (10-14)

- **Autism Speaks** (autismspeaks.org): Teen health guides.
 - **The Autistic Self Advocacy Network** (autisticadvocacy.org): Tween-friendly resources.
 - **American Medical Association** (healthychildren.org): Puberty and health info.
 - **Planned Parenthood** (plannedparenthood.org): Puberty and body info in plain language.
 - **Your state Medicaid office:** Healthcare coverage.
 - **Developmental pediatrician or autism specialist:** Comprehensive care.
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TEENS (14-18 YEARS)

Executive Summary

Autistic teens ages 14-18 transition to full healthcare independence: self-scheduling, leading appointments, managing medications, understanding insurance, handling follow-ups. This phase bridges adolescent support and adult autonomy. Executive function demands intensify (insurance forms, refill coordination, appointment scheduling). Self-advocacy shifts from scripts to confident conversation. Goal: Teen independently schedules and leads 100% of routine healthcare visits, with parent backup for complex issues (insurance, specialist coordination), within 6 months.

CRITICAL DISCLAIMER: EDUCATIONAL RESOURCE

This guide offers practical strategies and tools. It is **not** medical advice, diagnosis, or treatment. Always consult your healthcare provider, medical professional, or healthcare team for health concerns, medication decisions, clinical guidance, or insurance questions.

SECTION 1: Core Skills Checklist – Teens (14-18)

Skill	What It Means	Can Your Teen Do It?	Practice If Needed
Appointment Booking	Call or app to schedule solo.	Yes / No	Practice calling with script.
Medication Management	Refill, organize, remember independently.	Yes / No	Weekly pill box; phone reminder.
Insurance Navigation	Understand copay, deductible, forms.	Yes / No	Walk through insurance card together.
Self-Advocacy	State needs without prompting.	Yes / No	Natural conversation practice.
Follow-Up	Schedule next appointment, refills solo.	Yes / No	Calendar system set up.

Readiness Checklist – Teens (14-18)

- Teen knows all current medications, doses, prescribers.
- Teen can explain why each medication is taken.

- Teen has insurance card details memorized or accessible.
- Teen can make a phone call (or use app) to book appointment.
- Teen has driven or planned transit to clinic independently.

Readiness Score: 4-5 yes = ready for leadership. 2-3 yes = build these skills over 4-6 weeks. Under 2 = start with scripted support.

SECTION 2: Context / Principles – Teens (14-18)

Teens ages 14-18 are preparing for adult healthcare independence. Success requires shifting from parent-led to teen-led, with parent as backup. Systems (phone reminders, written med lists, calendar apps) reduce cognitive load. Executive function support is legitimate, not "babying"—many autistic teens excel with external structures. College and workplace transitions will demand this independence. Building confidence now through graduated responsibility (low-stakes appointments first) creates competence. Strengths: many autistic teens excel at detail and consistency—leverage these.

SECTION 3: Sensory Profile Checklist – Teens (14-18)

Sound Sensitivities

- Phone calls (if calling to book)
- Waiting room noise
- Staff interruptions
- Sudden announcements

Tactile Sensitivities

- Physical exams (sports physicals, etc.)
- Unexpected touch
- Confined spaces (exam room)

Social Sensitivities

- Adult conversation pressure
- Authority figure (doctor) stress
- Making mistakes in front of adults
- Being treated as "kid" vs. young adult

Executive Function Sensitivities

- Insurance forms and language
- Appointment scheduling confusion
- Refill coordination timing
- Multiple steps/decision-points
- Time pressure

Environmental

- Bright lights, clinical setting
- Crowded waiting areas
- Travel to clinic (if driving)

SECTION 4: Sensory Hacks & Executive Function Supports – Teens (14-18)

Communication Support

- Use app booking (Zocdoc, patient portal) instead of phone if phone anxiety present.
- Text reminders (set phone alarm) for refills, appointments.
- Written notes after visit to remember instructions.

Medication Management

- Weekly pill organizer (Sunday–Saturday).
- Phone reminder at same time daily.
- Spreadsheet or notes app: Med | Dose | Time | Refill Date.
- Calendar alert 1 week before refill needed.

Insurance & Admin

- Insurance card photo in phone.
- Copay/deductible written on sticky note at home.
- List of prescription names and which doctor prescribed.
- "Insurance 101" conversation with parent to demystify.

Appointment Booking

- Script practice: "Hi, I need to schedule [reason] with [doctor]. [Date/Time] available?"
- Calendar: Mark visit date + follow-up date immediately.
- Reminder alarm 1 day before.
- Write down next available appointment slot while on phone.

Transportation

- If driving: Plan route, leave 15 min early.
- If transit: Download app, practice route once with parent.
- Backup: Parent phone number in phone; text when arrived.

Self-Advocacy

- Conversation starters written in phone notes: "I'm autistic and process questions slowly" or "I need written instructions."
- Permission to say: "I'll remember better with written notes."
- Natural tone, not script—by teen years, this is conversational.

SECTION 5: Booking Script – Teens (14-18) (Copy & Paste)

For phone call or in-person:

"Hi, I'd like to schedule a [physical / checkup / follow-up] with [Doctor's Name]. I'm [Name], [age]. I'm available [preferred dates/times]. My insurance is [name]. I need [any accommodations, e.g., 'a morning slot because I focus better then']. Thank you."

SECTION 6: Insurance & Medication Tracker – Teens (14-18)

Insurance Card Info

- Member name: _____
- Member ID: _____
- Group number: _____
- Copay (office visit): \$____
- Copay (specialist): \$____
- Deductible: \$____

- Pharmacy copay: \$____

Current Medications

Medication Dose Time(s) Prescriber Refill Date Pharmacy

Refill Calendar

- [Med 1]: Refill [Date]
- [Med 2]: Refill [Date]
- [Med 3]: Refill [Date]

Set phone reminder 3 days before each refill date.

SECTION 7: College Health Forms Checklist – Teens (14-18)

Before Starting College/Moving Out:

- Gather list of all medications with doses, prescribers.
- Get copies of recent physical exam results.
- List all allergies (medication, food, environmental).
- Obtain vaccination records.
- Complete college health forms (usually online).
- Identify college health center location and hours.
- Get copies of any therapy/psych summaries if needed.
- Set up parent access to college health portal if desired.
- List primary care doctor name/number.
- Insurance card copy (photo in phone).

SECTION 8: Pre-Visit Preparation – Teens (14-18)

1 Week Before

- Appointment confirmed on calendar.
- Insurance card and ID in wallet/phone.
- Medication list updated.

- Any new symptoms written down (optional).

Day Before

- Phone reminder set.
- Route planned (driving or transit).
- Clothing chosen (comfortable).

Morning Of

- Protein breakfast.
- Full hydration.
- Phone/wallet/insurance card.
- Leave 15 minutes early.

SECTION 9: Self-Advocacy Scripts – Teens (14-18) (Natural Conversation)

Script: Intro to New Doctor

"Hi, I'm [Name]. I'm autistic. I think carefully about things, so I might need a moment to answer questions. I work best with clear, direct communication. That OK?"

Script: Requesting Sensory Accommodation

"I'm sensitive to bright lights. Could we dim the exam light a bit? That would help me focus."

Script: Clarifying Instructions

"I want to make sure I understand. Can you write that down, or tell me one more time slowly? I want to take my meds correctly."

Script: Declining Unwanted Touch

"I don't like surprise touches. Can you tell me before you touch? Thanks."

Script: Setting Boundary With Doctor

"I'd rather not discuss that today. Can we focus on [reason for visit]?"

SECTION 10: Parent Role – Teens (14-18)

Parent's New Job:

- Oversight, not execution. Check in: "Did you schedule your appointment?"
- Emergency backup only. Teen handles most.

- Troubleshooting: Complex insurance questions, specialist coordination, specialist coordination, major decisions.
- Celebration of independence: "Great job handling that."

What NOT to Do:

- Don't redo what teen can do.
- Don't attend routine appointments unless teen asks.
- Don't make decisions teen can make.
- Don't shame if teen forgets; remind and problem-solve.

SECTION 11: Food Timing & Biomedical Preparation – Teens (14-18)

Pre-Visit Protocol (Educational)

- **Morning of:** Balanced breakfast (protein, carbs, fat) 1-2 hours before if morning appointment.
- **Hydration:** Full water bottle morning of.
- **Sleep:** Ensure 7-8 hours prior; rested teen handles doctor conversation better.
- **Avoid:** Heavy caffeine (if sensitive), sugary snacks (blood sugar crash).

Post-Visit Recovery

- **If stressful:** 30 min quiet time before next activity.
- **Hydration + snack:** Water and protein within 1 hour.
- **Normal activity:** Can return to school/work if not overwhelmed.

SECTION 12: Biomedical Considerations Table – Teens (14-18) (EDUCATIONAL)

Problem	Common Symptoms	Possible Biomedical Factors	Professional Evaluation Steps
Anxiety about healthcare	Avoidance, procrastination	Sleep loss, social anxiety, autonomy stress	Doctor discusses coping; therapy may help.

Problem	Common Symptoms	Possible Biomedical Factors	Professional Evaluation Steps
Executive function challenges	Forgetting meds, missing appointments	ADHD overlap, sleep issues, cognitive overload	Psychoeducational eval; external systems (phone reminders) help.
Sensory overload in medical setting	Meltdown, shutdown, dissociation	Sensory processing difference, accumulated stress	OT consultation; request accommodations upfront.
Fatigue	Difficulty waking, afternoon crashes	Sleep disorder, metabolic issue, medication side effect	Sleep study if persistent; doctor reviews medication timing.
Mood changes or irritability	Increased conflict, emotional intensity	Puberty hormones, anxiety, sleep deprivation, autonomy conflict	Doctor assesses; therapy supports independence negotiation.

All treatment and supplement decisions require licensed healthcare provider input.

SECTION 13: Meltdown & Crisis Protocol – Teens (14-18)

If overwhelmed during visit:

1. **Say it aloud:** "I'm overwhelmed. I need a break."
2. **Leave room:** Step to waiting room, hallway, or car.
3. **Sensory reset:** Headphones, fidget, water.
4. **Wait 10-20 minutes:** No pressure, no talking initially.
5. **Resume if calm:** If ready, return. If not, reschedule.
6. **Debrief later:** Once fully calm, ask: "What triggered that? How can we prevent it next time?"

Prevention:

- Shorter appointments (routine visits, not complex ones).
- Appointment at preferred time of day.

- Sensory kit in backpack always.
- Clear knowledge of what to expect.

SECTION 14: Post-Visit Reflection – Teens (14-18) (Teen Self-Reflection)

After each visit, teen notes:

- Did I schedule my own appointment? Yes / No
- Did I lead the conversation? Yes / No / Partially
- Did I remember my medications? Yes / No
- What went well? _____
- What was challenging? _____
- What sensory accommodation helped? _____
- Did I advocate for myself? Yes / No. How? _____
- What will I do differently next time? _____
- Confidence for next visit (1-10): _____
- Did I schedule follow-up? Yes / No

SECTION 15: Visit Tracker – Teens (14-18)

Date	Type of Visit	Booked By Teen?	Led By Teen?	Meds Reviewed?	Follow-Up Scheduled?	Notes
		Yes / No	Yes / No	Yes / No	Yes / No	
		Yes / No	Yes / No	Yes / No	Yes / No	

SECTION 16: Transition to Adult Healthcare – Teens (14-18)

Key Milestones Ages 14-16

- Teen has own healthcare provider relationship (not just parent's provider).
- Teen can explain own medical history.
- Teen uses patient portal independently.
- Teen has phone/app reminder system for meds.

Key Milestones Ages 16-18

- Teen books own appointments (phone or app).
- Teen leads full visit conversation.
- Teen understands insurance basics (copay, deductible, pharmacy).
- Teen requests accommodations directly.
- Teen manages medication refills independently.
- Teen can handle college health forms.

Before Leaving Home (College, Job, Move-Out)

- Transfer medical records to new provider if moving.
- Have all prescriptions transferred to new pharmacy.
- Understand college health center or local options.
- Know how to request disability accommodations at college if desired.
- Have backup plan if overwhelmed (parent phone, therapist).

SECTION 17: Crisis Scenarios – Teens (14-18)

Scenario: Forgot to Book Appointment

Problem: Teen procrastinated, appointment slot now far out.

Same-Day Actions:

1. Parent doesn't shame; says: "Let's problem-solve."
2. Check cancellation list (clinic may have openings).
3. Book what's available; apologize to doctor's office if very late.
4. Debrief: "What got in the way? How do we prevent this?"

Prevention: Phone reminder 1 week before appointment. Parent checks in: "Did you schedule?"

Scenario: Missed Medication Refill

Problem: Out of medication, ran out on weekend.

Same-Day Actions:

1. Call pharmacy Monday morning (have backup number).
2. Ask for emergency supply if possible.

3. Contact prescriber for emergency refill authorization.
4. If missed doses, note what you missed; discuss with doctor.

Prevention: Calendar reminders 1 week before. Pharmacy auto-refill option if available.

Scenario: Insurance Denied Claim / Confused About Copay

Problem: Unexpected bill, confusion about coverage.

Same-Day Actions:

1. Don't panic; this is common.
2. Call billing department (clinic or insurance); ask to speak to supervisor if needed.
3. Ask: "Why was this denied?" and "What do I owe?"
4. Parent may help if language/negotiation complex.

Learning point: Insurance is adult, boring, but learnable. One conversation at a time.

Scenario: Doctor Treated Me Like a Kid

Problem: Patronizing tone, ignored your input, spoke to parent instead.

Same-Day Actions:

1. In moment: Politely redirect. "I'd like to answer that."
2. After: Tell parent. "That didn't feel right."
3. Next visit: Seek new provider if possible, or set firmer boundary upfront.

Script: "I'm [age] and autistic. I'd like to be addressed directly about my health. Thank you."

SECTION 18: Milestones & Celebrations – Teens (14-18)

Achievement	How to Celebrate
First solo appointment booking	Recognition: "You handled that!"
Led full doctor conversation	Special meal or privilege.
Managed medication refill	Park or activity of choice.
Filled out college health form	Milestone moment; photo/note.
Three months independent routine visits	Bigger celebration (concert, outing, etc.).

Achievement	How to Celebrate
One year of independent healthcare	Major acknowledgment (gift, special day).

Message: "You are building adult skills. This is real independence. I'm proud."

SECTION 19: National Resources – Teens (14-18)

- **Autism Speaks** (autismspeaks.org): Young adult transition guides.
- **The Autistic Self Advocacy Network** (autisticadvocacy.org): Adult-focused resources.
- **American Academy of Pediatrics** (healthychildren.org): Transition to adult care articles.
- **College Health** (acha.org): College health services overview.
- **Your state Medicaid office:** Healthcare coverage and transition info.
- **Developmental pediatrician or autism specialist:** Transition planning.
- **College disability services office:** Accommodations and access.

APPENDIX: Universal Protocols & Rules

General Meltdown Recovery (All Ages)

If your child/teen shows distress (crying, covering ears, saying no, stiffening, shutting down):

1. **Headphones/Fidget immediately** – Do not talk initially.
2. **Exit to quiet space** – Car, hallway, bathroom, or waiting room corner.
3. **Protein + water** – Offer silently within 5 minutes. No negotiation.
4. **Wait minimum 20 minutes** – No talking, just presence.
5. **Do not retry today** – Reschedule non-emergency visits. One attempt per day maximum.
6. **Go home for rest** – Quiet time, low lights, minimal input.
7. **Small reward after calm** – Once fully stabilized (30+ minutes), a small treat or activity.

Success markers: Breathing normalized, responding to you, no longer in distress.

Pre-Visit Biomedical Preparation (All Ages, Educational)

- **Protein 1 hour before:** Cheese, nut butter, egg, or meat prevents blood sugar crash and anxiety spike.
- **Hydration 30 min before:** Full water intake prevents sensory overload from dehydration.
- **Sleep night before:** 7-8 hours if possible; rested children/teens handle sensory load better.
- **Magnesium glycinate (if approved by doctor):** Small dose in morning of visit may help calm nervous system (doctor approval required).
- **Avoid 2 hours before:** Sugar, high-caffeine products, processed foods—these amplify anxiety.

Post-Visit Recovery:

- Quiet time (no bright screens).
- Protein and water within 30 minutes.
- Rest or low-stimulation activity.
- No major demands for remainder of day.

Sensory Kit Essentials (All Ages)

Always packed for every visit:

- Noise-canceling headphones
- Fidget (pop-it, stress ball, spinner)
- Chewy tube or chewy jewelry
- Small comfort toy
- Blanket or hoodie
- Water bottle
- Protein snack
- Laminated visual schedule or symptom list

- Medication/allergy list

Communication Principles (All Ages)

- **Short sentences** – Overwhelming information causes shutdown.
 - **Warn before touch** – "I'm going to listen to your heart now."
 - **Use plain language** – Avoid jargon; define medical terms.
 - **Visual aids** – Show, don't just tell.
 - **Repeat if needed** – "Did that make sense? Want me to explain again?"
 - **Honor "no"** – Respect boundaries; don't force exams.
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Educational resource only—not medical advice. This guide offers practical tools and strategies to reduce anxiety and support sensory needs during doctor visits. It is not a substitute for professional medical care.

Always consult your healthcare provider, pediatrician, developmental specialist, or medical professional for:

- Health concerns or symptoms
- Medication decisions (starting, stopping, changing doses)
- Diagnosis or treatment recommendations
- Mental health or behavioral concerns
- Emergency situations

Use this guide alongside professional care, not instead of it. Every child and teen is unique; adapt strategies to fit your family's needs.

Resources and support networks:

- Your pediatrician or family doctor
- Developmental or behavioral pediatrician
- Autism specialists or diagnostic centers
- Occupational or speech therapy

- School-based health services
- State autism societies and Medicaid offices
- Autism Speaks, The Autistic Self Advocacy Network, and other autism organizations

You are not alone. Many families navigate these challenges. Use systems, scripts, and sensory tools. Build success one appointment at a time. Your child's/teen's health matters. Their needs matter. Their voice matters.

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