

## HEALTHCARE & DOCTOR VISITS – YOUNG ADULTS (18+)

### Executive Summary

Healthcare can feel like a maze for autistic young adults: confusing insurance rules, rushed appointments, overwhelming patient portals, and doctors who talk fast, use medical jargon, and do physical exams without enough warning. Sensory overload from bright lights, paper crinkle, cold tools, and stranger touch mixes with executive function challenges like remembering symptoms, managing medications, and scheduling follow-ups. Many autistic adults respond by avoiding care until there is a crisis, which leads to untreated conditions, expensive ER visits, and problems at work or school.

This guide turns healthcare into a **predictable system** instead of a series of emergencies. It breaks doctor visits into three phases: Preparation (symptom logging, insurance check, packing a sensory kit), During the visit (using scripts to ask for slower pace, clear explanations, and sensory accommodations), and After the visit (pharmacy follow-up, portal messages, and recovery time). Visual tools like checklists, tables, and scripts show exactly what to say and what to bring, so you do not have to invent it in the moment. Over time, supporters can fade from doing tasks for you to coaching you while you lead. The goal is for you to **schedule, attend, and follow through on at least four medical visits per year independently**, while feeling respected, informed, and in control of your own health.

### SpectrumCareHub Independence Series

Practical, autism-affirming tools for healthcare independence nationwide.

### CRITICAL DISCLAIMER: EDUCATIONAL RESOURCE

This guide is educational only—not medical or professional advice. Always consult licensed doctors, nurses, and other healthcare professionals for personalized care.

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## SECTION 1: CORE HEALTHCARE SKILLS CHECKLIST

### Pre-Independent Healthcare Skills

Skill	What It Means	Can You Do It?	Practice If Needed
Symptom Tracking	Write down symptoms for 7 days	<input type="checkbox"/>	Use simple log each evening

Skill	What It Means	Can You Do It?	Practice If Needed
Medication Knowledge	Know each med, dose, and why	<input type="checkbox"/>	Review med card weekly
Appointment Scheduling	Call or use portal to book visits	<input type="checkbox"/>	Role-play 5 phone calls
Insurance Basics	Know plan name and copay amount	<input type="checkbox"/>	Read card and write summary
Portal Use	Log in, read messages, send questions	<input type="checkbox"/>	Practice once per week
Self-Advocacy Script	Say "I have autism and need X"	<input type="checkbox"/>	Practice aloud 10 times
Sensory Prep	Pack headphones, snack, comfort items	<input type="checkbox"/>	Use checklist before visits
Follow-Up Tasks	Fill prescriptions, schedule tests	<input type="checkbox"/>	Practice with mock tasks

**Readiness Guide:**

- 7–8 YES: Ready for mostly independent visits
- 5–6 YES: Shared visits (you lead, supporter backs you up)
- 4 or fewer YES: Practice with a supporter for 1–3 months

**Healthcare Readiness Checklist**

- I can explain my main diagnoses in one or two sentences
- I have a written list of my medications and doses
- I can describe my top three current symptoms
- I know how to get to my doctor’s office or connect by telehealth
- I know my usual copay and which card to bring
- I can say what accommodations I need in a visit

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## SECTION 2: HEALTHCARE SYSTEM BASICS

### Types of Doctors and Visits

Type	What They Do	When to Use
Primary Care Doctor (PCP)	General health, checkups, referrals	First stop for most issues
Psychiatrist	Medications for mood, anxiety, ADHD, etc.	Mental health meds and monitoring
Therapist / Counselor	Talk therapy, coping skills	Anxiety, depression, stress
Specialist (neurologist, GI, etc.)	Specific body systems	When PCP sends a referral
Urgent Care	Minor emergencies, same-day issues	After hours or can't see PCP soon
Emergency Room (ER)	Life-threatening or severe problems	Chest pain, trouble breathing, serious injury

### Everyday Health Tasks vs Emergency Tasks

- Everyday: taking meds, tracking symptoms, eating and sleeping regularly, scheduling checkups.
- Emergency: severe pain, difficulty breathing, confused or can't stay awake, very high fever, or thoughts of self-harm.

Having a plan for both everyday care and emergencies reduces panic and last-minute decisions.

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## SECTION 3: SENSORY-FRIENDLY HEALTHCARE FRAMEWORK

### Common Medical Triggers

<b>Sensory Area</b>	<b>Examples in Clinic</b>	<b>Helpful Supports</b>
Sound	Paper crinkle, hallway noise, beeps	Noise-canceling headphones
Touch	Cold stethoscope, blood pressure cuff	Ask to warm tools, explain each step
Sight	Bright overhead lights, posters	Ask to dim lights, look at one spot
Smell	Alcohol wipes, sanitizer	Practice nose breathing, bring lightly scented item
Social	Fast questions, little explanation	Ask for slower pace and simple language

#### **Sensory Prep Checklist (Before Each Visit)**

- Headphones or earplugs
- Comfort item (hoodie, small object)
- Water and small protein snack
- Written card explaining sensory needs
- Phone with calming playlist

## **SECTION 4: HEALTHCARE SCRIPTS (CLEAR, NOT VERBOSE)**

### **Script 1: Scheduling or Confirming an Appointment**

“Hi, my name is [Name]. I’m calling to schedule/confirm an appointment with Dr. [Name]. I am autistic and do better with first or last appointments of the day if possible. I prefer a quiet waiting area and extra time to process questions. Can you tell me the date, time, address, and my copay?”

### **Script 2: Telling the Doctor You Are Autistic and Need Accommodations**

“I want you to know I am autistic. It helps me if you do a few things:

- Speak a little slower and use clear, simple language.
- Give me 10 seconds to think before I answer.

- Show me tools before you use them and tell me what will happen. If you can do this, I can give better answers and stay calmer.”

**Script 3: Explaining Symptoms**

“I wrote down my symptoms. My three biggest problems right now are:

1. [Symptom 1: how often, how strong, what makes it better/worse]
2. [Symptom 2]
3. [Symptom 3]

I can show you my symptom log if that helps.”

**Script 4: If You Don’t Understand**

“I didn’t fully understand that. Can you explain it again using simpler words, or draw it, or write it down for me? I want to make sure I’m doing the right thing.”

**Script 5: Asking About Next Steps**

“What are the next steps after this visit? Will I need more tests, new medications, or a follow-up appointment? Can you write down a simple list so I don’t forget?”

**SECTION 5: PRE-VISIT PREPARATION SYSTEM**

**One Week Before the Visit**

- Start a simple symptom log.
- Update your medication list.
- Check your patient portal for forms to fill out.
- Confirm your appointment time and whether it is in-person or telehealth.

**Symptom Log Template (7 Days)**

Day	Main Symptoms	Severity (1-10)	What helped or made it worse
Mon			
Tue			
Wed			

Day	Main Symptoms	Severity (1-10)	What helped or made it worse
Thu			
Fri			
Sat			
Sun			

### Medication List Template

Medication	Dose	How Often	What It's For	Side Effects

## SECTION 6: DAY-OF-VISIT CHECKLIST

### 2-3 Hours Before

- Eat a small meal or protein snack.
- Drink water.
- Review your symptom log and top three questions.

### What to Bring

- Insurance card and ID
- Medication list and symptom log
- Phone and charger
- Sensory kit (headphones, comfort item, snack)
- List of questions for the doctor

### Visual Schedule for the Visit

Step	What Happens	Your Tool
1	Travel to clinic	Headphones in car/bus

Step	What Happens	Your Tool
2	Check in at front desk	Script 1
3	Wait in waiting room	Headphones, breathing
4	Nurse does vitals	Ask to explain each step
5	Doctor comes in	Script 2 + symptom log
6	Exam and discussion	Ask for pauses and notes
7	Check out and schedule follow-up	Ask for written summary
8	Pharmacy (if needed)	Use med list and script

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## SECTION 7: DURING THE VISIT

### Communicating With the Doctor

- Start with your main goal for the visit: “Today I want to focus on [problem].”
- Use your symptom log to guide the conversation.
- If the doctor moves to a new topic too quickly, say: “Can we finish talking about [topic] before we move on?”

### Understanding Tests and Procedures

Before blood draws, imaging, or other procedures, ask:

- “What is this test called and why is it needed?”
- “What will happen step by step?”
- “How long will it take and will it hurt?”
- “Will someone explain the results to me later?”

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## SECTION 8: AFTER THE VISIT – FOLLOW-UP SYSTEM

### Before Leaving the Office

- Confirm any new medications and how to take them.

- Ask when to schedule your next visit.
- Ask how results will be shared (portal, phone, mail).

**At Home: Same Day**

- Write down what happened in a simple log:
  - What went well
  - What was hard
  - What needs follow-up
- Put the follow-up list where you will see it (fridge, planner, app).

**Follow-Up Tasks Table**

Task	Who Does It	Deadline	Done?
Pick up prescription	You / Supporter		<input type="checkbox"/>
Schedule test	You / Supporter		<input type="checkbox"/>
Book next visit	You / Supporter		<input type="checkbox"/>
Message doctor in portal	You / Supporter		<input type="checkbox"/>

**SECTION 9: USING THE PATIENT PORTAL**

**Weekly Portal Routine (15 Minutes)**

- Log in once per week.
- Check for new messages, lab results, or forms.
- Write down any questions for your next visit.
- If something looks urgent or confusing, ask a trusted person or send a short message to your doctor.

**Simple Portal Message Script**

“Hello Dr. [Name],  
 This is [Your Name]. I have a question about [test result / symptom / medication]. Can you explain what this means and what I should do next, in simple steps? Thank you.”

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## **SECTION 10: EMERGENCY VS NON-EMERGENCY**

### **Call 911 or Go to ER If**

- You have chest pain, trouble breathing, or sudden severe pain.
- You cannot stay awake or are very confused.
- You have thoughts of harming yourself or others.

### **Call Your Doctor or Urgent Care If**

- You have new symptoms that are worrying but not life-threatening.
- Your usual symptoms suddenly get much worse.
- You are not sure if you need the ER.

### **Urgent Care Script**

“Hi, my name is [Name]. I’m autistic and I’m having [symptoms]. They started [when]. I want to know if I should come to urgent care today or see my regular doctor later.”

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## **SECTION 11: SUPPORTER ROLE**

### **How a Supporter Can Help (Without Taking Over)**

- Practice scripts and role-plays before visits.
- Help fill out forms and portal profiles, especially the first time.
- Sit in the waiting room or exam room if you want, or stay available by phone.
- Debrief after the visit: “What went well? What should we change next time?”

Over time, the supporter should move from doing tasks for you, to doing tasks with you, to watching you do them, and finally just being available if needed.

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## **SECTION 12: PERSONAL HEALTHCARE PLAN**

### **My Main Doctors**

Doctor	Type	Phone	Portal Used?

### My Health Goals This Year

- [Example: Go to 2 checkups and 2 specialist visits]
- [Example: Keep medication list updated every month]
- [Example: Practice my self-advocacy script at each visit]

### My Accommodations

- I need 10 seconds to process questions.
- I prefer explanations in simple language.
- I need tools shown and described before they touch my body.
- I may use headphones while waiting or during certain parts.

## FINAL MESSAGE

Healthcare independence is not about doing everything alone immediately. It is about building a repeatable system—preparation, clear communication, and follow-up—that works for your brain and body. Scripts, checklists, and sensory tools are not signs of weakness; they are professional-grade supports.

Each successful visit teaches doctors how to work better with you and gives you more confidence to guide your own care. Over time, this system protects your health, reduces emergencies, and supports the independent life you are building in every other area.

### **SpectrumCareHub – Science-grounded autism family support**

*This is an educational resource only—not medical advice, psychiatric treatment, psychological diagnosis, or mental health therapy. All mental health concerns require evaluation and support from qualified professionals (physicians, psychiatrists, therapists, counselors). For crisis support, contact 988 (Suicide & Crisis Lifeline) immediately. If you are having thoughts of harming yourself or others, go to the nearest emergency room or call 911.*

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