



Name: _____

This document belongs to me. It provides a brief overview of how my past experiences may affect my health and treatment. I can bring this form to appointments and share it with my healthcare professionals to ensure my needs are understood and supported.

Relevant Trauma Experiences

- I grew up in care
- I experienced significant Adverse Childhood Experiences
- I have experienced military-related trauma
- I have experienced homelessness
- I have been in hospital settings that felt unsafe
- I have a history of domestic abuse / interpersonal violence
- I have experienced community or gang violence
- I have experienced imprisonment
- Other: _____

Medical Family History

- Fully known
- Partially known
- Not known

If family medical history is not available. This does not reduce health risks, so my symptoms and needs should guide care.

How Trauma May Impact My Medical Treatment

- I may underplay or minimise my symptoms
- I may hesitate to seek help until things are serious
- I may appear calm/detached but be highly distressed internally
- I may become anxious, restless, or want to leave quickly
- I may become defensive, angry, or mistrustful when feeling unsafe
- I may agree with everything said, even if I don't fully understand
- I may find physical touch (e.g., examination, procedures) triggering
- I may become overwhelmed by too much information at once
- I may struggle to make decisions under pressure
- I may avoid medication or tests due to fear or past experiences
- I may struggle to recall details of my history under stress
- Other: _____

Ways You Can Help

- Give me time to consider and reflect on treatment options
- Allow me to ask follow-up questions later
- Be clear and transparent about medication and procedures
- Check that I've understood (ask me to repeat back, not just nod)
- Offer choice where possible (appointment times, treatment plans, communication style)
- Give me information in writing so I can process it later
- Use plain, clear language (avoid jargon)
- Give me warning before touching me (ask for consent each time)
- Provide a calm, quiet environment if possible (reduce sensory overwhelm)
- Offer a supporter, advocate, or trusted person to be present
- Break information into small steps rather than all at once
- Be patient if I struggle to answer quickly or get emotional
- Validate my experiences - don't dismiss them as "in the past"
- Other: _____