

Communication Assistance Card for Hospital

I have a disability that affects my communication. I hear and understand what you say.

understand what you say.	
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I communicate by:	

- J
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I make my own decisions, so please speak directly to me.

If I need assistance communicating I authorize the following people to help:

Name Relationship to you

- •
- •
- •

If I do not have someone who can assist me, please contact a Speech-Language Pathologist.