








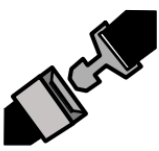



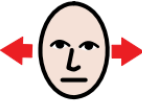
# Communication Sheet



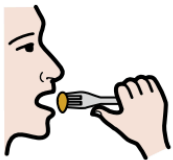




 <b>Your name?</b>	 <b>Phone number?</b>	 <b>Your address?</b>	 <b>Your birthday?</b>	 <b>drivers licence / ID</b>
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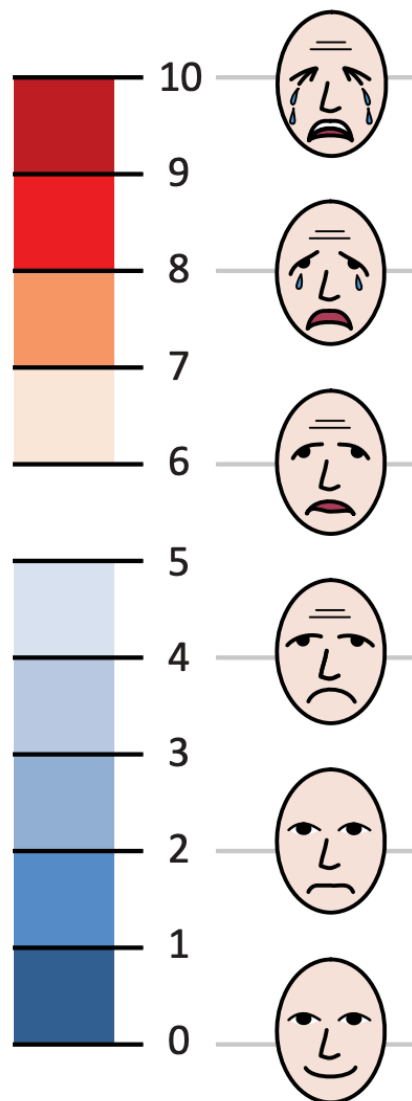
 <b>I am here to help</b>	 <b>Please lie down</b>	 <b>Please wait here</b>	 <b>This won't hurt</b>	 <b>Check for injuries</b>
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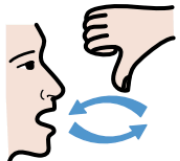
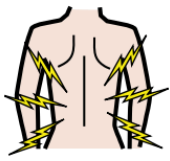



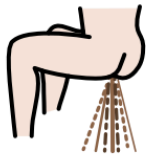






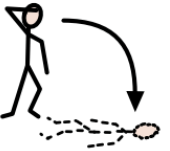
 <b>diabetes</b>	 <b>pregnant</b>	 <b>allergies</b>	 <b>lost</b>	 <b>weapons</b>
 <b>medicines</b>	 <b>medicine you cannot take</b>	 <b>drinking alcohol</b>	 <b>Did someone hurt you?</b>	 <b>Were you wearing a seatbelt?</b>

 <b>yes</b>	 <b>No</b>
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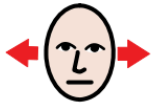
 <b>bathroom</b>	 <b>drink</b>	 <b>eat</b>	 <b>painkiller</b>	 <b>contact relative</b>
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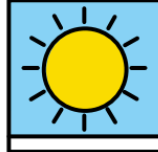
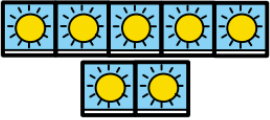
# Communication Sheet



 headache	 heart problems	 breathing problems	 back ache	 chest pain
 dizzy	 vomit	 diarrhea	 fever	 seizure
 stomach ache	 leg / foot numb	 arm / hand numb	 blood pressure	 unconscious

 IV	 oxygen	 ambulance	 hospital	 bandage
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 yes	 No
--	---

 how long?	 minutes	 hours	 days	 weeks
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# Communication Sheet



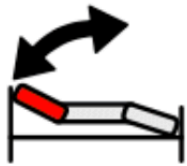
yes



toilet



light on / off



adjust bed



no



sip water



clean mouth



lip salve



dry mouth



short of  
breath



medication



sore throat



can't breathe



allergic



cough



feel hot



suction mouth



headache



feel cold



suction  
tracheostomy



feel sick



uncomfortable



oxygen



0



1



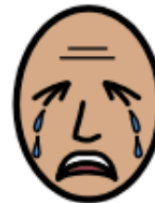
2



3



4



5



6



7



8



very tired



don't know



# Communication Sheet



yes



Covid-19



question



are you ok?



where am I?



contact family



thank you



family

Please add names here



friends



pets



phone call



write



love you



miss you



don't worry



goodbye



pray



proud



no visitors



home



anxious



scared



sad



calm



ok



no

a

b

c

d

e

f

g

h

i

j

k

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m

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don't know