

Patient Name _____ Age _____

Procedure _____

Parent Contact Information: _____ Private Tour: Y or N

How does my child communicate best:

- Spoken language Pictures Written words Non-verbal
- Uses a communication device: _____
- Speaks in full sentences Speaks in short phrases Speaks 1-2 word responses

Which of these things would help my child be more comfortable:

- Keep lights dimmed Keep noise levels low
- Explain/model any necessary procedures first before doing (pictures, demonstration on doll)
- Other: _____

My child gets upset when:

- They don't get something they want
- Something is taken away
- They are startled
- They are in pain or discomfort
- Other: _____

How does my child communicate/show they are in pain

1) _____

What would make my child more comfortable (reinforcers, rewards excluding food)

1) _____

2) _____

3) _____

Has my child ever experienced sedation/anesthesia before: yes no

As a parent, I am comfortable when I see my child in the Recovery Room (soon after surgery):

- In a deep sleep yes no
- With a tube in their mouth yes no

Please provide the following items the day of surgery: Favorite clear liquid and cup, comfort item, preferred communication tool, rewards, second family member to provide support.

Patient Label

