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.