

Patient Label

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

Procedure \_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_

**How does the patient 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 the patient be more comfortable:**  Keep lights dimmed  Keep noise levels low  Explain/model any necessary procedures first before doing (pictures, demonstration on doll)  Other: \_\_\_\_\_

**The patient 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 the patient communicate/show they are in pain:**  
\_\_\_\_\_

**What would make the patient more comfortable (reinforcements, rewards excluding food)**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Has the patient ever experienced sedation/anesthesia before:**  yes  no

**If the patient has experienced sedation before what was their response upon waking up:**  No issue  
 Crying  Agitated/Combative  Slow to wake up  Other: \_\_\_\_\_

**If possible would you prefer to accompany the patient to the Operating Room for the anesthesia induction?**  yes  no  no preference

**As a parent/guardian, I am comfortable seeing my loved one 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.

