

Safe Area For Everyone (S.A.F.E.) Patient Assessment

Our team wants to get to know your child and their unique needs. We know that every child is different, so please spend a few moments filling out the information below so we may provide the best care for your child.

Child's Name: _____ They like to be called: _____ Date of Birth: _____

MR# (lab fill in): _____ Current Height: _____ Current Weight: _____ Current Date: _____

Communication

Is your child able to communicate?

☐ YES (mark all that apply): ☐ Vocalizations ☐ Electronic Device ☐ Pictures ☐ Sign Language ☐ Other: _____

☐ NO (describe best ways for us to communicate with your child): _____

Potential Challenges

Does your child ever engage in challenging behavior that may be a danger to themselves or others?

☐ YES (mark all that apply): ☐ Hitting/Punching ☐ Kicking ☐ Biting ☐ Pulling Hair ☐ Scratching ☐ Grabbing Clothing ☐ Spitting
☐ Head Hitting ☐ Head Banging ☐ Skin Picking ☐ Eating/Chewing Non-Edibles ☐ Other: _____

☐ NO

Does your child ever engage in challenging behavior that may be disruptive to the environment?

☐ YES (mark all that apply): ☐ Screaming ☐ Breaking Items ☐ Overturning Furniture ☐ Throwing Items ☐ Banging Surfaces ☐ Swearing

☐ NO

Do you believe that your child may attempt to run away or hide (when upset or even when calm)?

☐ YES (please describe): _____

☐ NO

Are there any specific triggers that are likely to initiate your child's challenging behavior?

☐ YES (mark all that apply): ☐ Told They Can't Leave ☐ Told They Can't Have/Do Something ☐ Not Enough Interaction ☐ Fear of Unknown
☐ Routine/Ritual Disrupted ☐ Medical Procedures ☐ Needles ☐ Tourniquet ☐ Restraint ☐ Other: _____

☐ NO

Sensory Needs

Does your child ever have negative responses to certain sensory experiences?

☐ YES (mark all that apply): ☐ Loud Noises ☐ Waiting Areas/Crowded Spaces ☐ Bright Lights ☐ Other: _____

☐ NO

If it is helpful to introduce your child to medical supplies and devices in advance, example blood draw supplies (for touch/sensation) can be picked up at any NCH Laboratory Service Center location.

Approaches and Tools

Are you willing and able to assist with holding your child during the blood collection?

☐ YES (please describe): _____

☐ NO

Social Stories that show each step of the blood draw process are available to download on the S.A.F.E. Program website.

Distraction

Does your child benefit from distractions?

☐ YES (mark all that apply): ☐ Bubbles ☐ Music Playing ☐ Videos Playing ☐ Singing ☐ Other: _____

☐ NO

Please list your child's favorite toys, movies, cartoons, and activities: _____

Please bring your child's favorite toy or comfort item to the appointment.

Parent/Guardian Name(s): _____

Phone Number: _____ Email Address: _____