

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.

Blanket Wrap

Blanket Wrap Option:

- YES
- NO

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: _____