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

Our team wants to get to know your child and his/her 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: _____ Date of Birth: _____

He/she likes to be called: _____ MR# (lab fill in): _____

Communication			
	Answer		Comments
Is your child able to communicate his/her needs and/or concerns with us clearly?	YES ☐	NO ☐	
If yes, please select all that apply: VOCALIZATIONS ☐ ELECTRONIC DEVICE ☐ PICTURES ☐ SIGN LANGUAGE ☐ OTHER: _____			
If no, please describe the best way for us to communicate with your child:			

Patient Likes			
	Answer		Comments
Does your child enjoy certain toys, movies, cartoons, or activities?	YES ☐	NO ☐	
If yes, please list:			
Does your child play with a certain item for a length of time that keeps him/her happy and engaged?	YES ☐	NO ☐	
If yes, please list:			
Does your child have particular "comfort" items that he/she insists on having with him/her at all times?	YES ☐	NO ☐	
If yes, please list:			
Are you OK with your child being given reward items for good behavior?	YES ☐	NO ☐	
If yes, please list examples and exceptions:			

Potential Challenges			
	Answer		Comments
Does your child ever engage in challenging behavior that may be a danger to himself/herself?	YES ☐	NO ☐	
HEAD HITTING ☐ HEAD BANGING ☐ SKIN PICKING ☐ SELF-SCRATCHING ☐ EATING NON-EDIBLES ☐ HITTING SELF ☐			
Does your child ever engage in challenging behavior that may hurt another person?	YES ☐	NO ☐	
HITTING/PUNCHING ☐ KICKING ☐ BITING ☐ PULLING HAIR ☐ SCRATCHING ☐ GRABS CLOTHING ☐ SPITTING ☐			
Does your child ever engage in challenging behavior that may be disruptive to the environment?	YES ☐	NO ☐	
SCREAMING ☐ BREAKING ITEMS ☐ OVERTURNING FURNITURE ☐ THROWING ITEMS ☐ BANGING SURFACES ☐ SWEARING ☐			
Do you believe that your child may attempt to run away or hide (when upset or even when calm)?	YES ☐	NO ☐	
If yes, please describe:			

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Are there any specific triggers that are likely to initiate your child's challenging behavior?	YES ☐	NO ☐	

TOLD HE/SHE CAN'T LEAVE ☐ TOLD HE/SHE CAN'T HAVE/DO SOMETHING ☐ NOT ENOUGH INTERACTION ☐ FEAR OF UNKNOWN ☐

ROUTINE/RITUAL DISRUPTED ☐ MEDICAL PROCEDURES ☐ NEEDLES ☐ TOURNIQUET ☐ RESTRAINT ☐

OTHER: _____

Sensory Needs			
	Answer		Comments
Does your child ever have negative responses to certain sensory experiences?	YES ☐	NO ☐	

LOUD NOISES ☐ WAITING AREAS/CROWDED SPACES ☐ FOOD TEXTURES ☐ CLOTHING TEXTURES/SENSATIONS ☐

LIGHTING/BRIGHTNESS ☐ OTHER: _____

Does your child ever prefer certain sensory experiences and may even seek them out?	YES ☐	NO ☐	

CERTAIN SMELLS ☐ DARK PLACES ☐ SMALL SPACES ☐ VISUAL STIMULATION ☐ MOTOR STIMULATION ☐

PRESSURE/WRAPPING ☐ OTHER: _____

Does your child have any other sensory needs that are important for staff to know?	YES ☐	NO ☐	

If yes, please describe:

Example phlebotomy supplies, for touch/sensation, can be picked up at any NCH Laboratory Service Center location.

Approaches			
	Answer		Comments
Will you be able to assist with holding your child during the blood collection?	YES ☐	NO ☐	

If yes, please describe:

Does your child benefit from distractions?	YES ☐	NO ☐	

BUBBLES ☐ MUSIC PLAYING ☐ VIDEOS PLAYING ☐ SINGING ☐ OTHER: _____

Please bring any helpful distraction items with you to the blood collection appointment.

Does your child benefit from social stories?	YES ☐	NO ☐	

Further comments/information about your child: _____

_____

Parent/Guardian Name(s): _____

Phone Number (to facilitate appointment scheduling): _____

You may drop this form off at any of our Laboratory Service Centers listed on http://www.nationwidechildrens.org/lab-locations or send an electronic version of the completed form via e-mail to LabSAFEProgram@Nationwidechildrens.org. You may also print and complete this form and fax to a secure fax at (614) 355-4487 or mail to:

Laboratory SAFE Program
Nationwide Children's Hospital
Main Laboratory – Room C1860
700 Children's Dr.
Columbus, OH 43205
Phone: (614) 722-1364
Fax: (614) 355-4487

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When your child needs a hospital, everything matters.℠