



Thank you for choosing us to care for your child. Please fill out this form to help us learn how to best meet the needs of your child.

Developmental/Cognitive Level: _____

Communication Style: Verbal Non Verbal Verbal Learner Visual Learner
 Communication Devices: _____

Best way to approach your child? _____

	Food/Drink	Activities	Objects/Toys	Environment
Motivators/Likes				
Stressors/Dislikes				

Signs of Distress: _____ **Signs of Pain:** _____

Ability to Transition to New Environments: Poor Fair Good Excellent

Sensory Challenges:

Smell: _____ Sensitive Seeking Touch: _____ Sensitive Seeking Sight: _____ Sensitive Seeking

Noise: _____ Sensitive Seeking Crowds: _____ Other: _____

Calming Strategies Used at Home: _____

Previous Medical Experience:

Previous Procedure Experiences (IV's, blood work, x-rays, exams, injections, ect.)	What helped to make the procedure easier for your child?	What could have been done differently to help your child cope better?

Has your child ever needed sedation for a medical procedure or dental work? (Yes/ No)

If yes, how did they respond? _____

How does your child prefer to take medications at home? _____

Procedure Preferences: (In the event your child needs an IV, blood draw, or other tests)

Before Procedure: Step by step instructions Storyboard/pictures Demonstrate/practice with materials
 Other: _____

During Procedure: Distraction: _____ Sit up Lie flat Held by caregiver

Other: _____

Name: _____
 Date of Birth: _____