

**Date of Pre-op:** \_\_\_\_\_

**Primary Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Coping Assessment**

- ☐ Coping concerns identified by (circle): Parent / Staff / Child
- ☐ Developmental concerns (circle): Autism / Global Delay / ADHD / Other \_\_\_\_\_
- ☐ Anxiety (circle): Generalized / Situational
- ☐ Previous history of treatment non-compliance or challenges
- ☐ Complex Medical History/ Challenges

**Communication Differences**      NO

- ☐ Nonverbal/minimal interaction
- ☐ Beginning language/interacts with toys
- ☐ Communication Device used \_\_\_\_\_
- ☐ Interacts with others/may not regulate behavior
- ☐ High functioning
- ☐ Other: \_\_\_\_\_

<b>Coping Challenges</b>		<b>Accommodations Recommended</b>
<b>Sensory/Transition Issues:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Loud Noise</li> <li><input type="radio"/> Taste Aversion</li> <li><input type="radio"/> Difficulty with Transitions</li> <li><input type="radio"/> Bright Lights</li> <li><input type="radio"/> Touch</li> </ul>		<b>Supportive Environment:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Quiet Room</li> <li><input type="radio"/> Minimize Interactions</li> <li><input type="radio"/> Adjusted Arrival Time</li> <li><input type="radio"/> Staff Support Required</li> <li><input type="radio"/> No change of clothes required</li> </ul>
<b>Behaviour Issues:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Takes Medication for Behaviour</li> <li><input type="radio"/> Challenges taking Oral Medicine</li> <li><input type="radio"/> Fear of Needles</li> <li><input type="radio"/> Fear of Mask</li> <li><input type="radio"/> Fear of Hospital</li> <li><input type="radio"/> Panic</li> <li><input type="radio"/> Vomiting</li> <li><input type="radio"/> Flight Risk</li> <li><input type="radio"/> Combative</li> </ul>		<b>Coping Strategies:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Distraction: IPAD      TOYS</li> <li><input type="radio"/> Specific Motivator: _____</li> <li><input type="radio"/> Service Animal</li> <li><input type="radio"/> Breathing/ Counting/ Talking/ Singing</li> <li><input type="radio"/> Would like a Scent for Mask</li> <li><input type="radio"/> Comfort Items:</li> </ul>
<b>Induction:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Pre-medication</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Inhalation Induction</li> <li><input type="radio"/> I.V. Induction</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Topical Analgesic cream</li> </ul>
<b>NOTES:</b>		