

My Blood-Test Support Plan

A communication worksheet for children, families and health-care teams

NAME OR PREFERRED NAME

DATE

CAREGIVER / SUPPORT PERSON

- ☐ I speak ☐ AAC ☐ Gestures ☐ Writing / typing

OTHER COMMUNICATION

1 What may be difficult for me

- ☐ Needle or seeing blood ☐ Pain or pressure
☐ Band around my arm ☐ Cleaning wipe or smell
☐ Touch ☐ Noise or bright lights
☐ Waiting

SOMETHING ELSE

2 What helps me feel safer

- ☐ Quiet room ☐ Short wait
☐ Headphones ☐ Visual schedule
☐ Video or music ☐ Comfort item
☐ One step at a time

SOMETHING ELSE

3 My choices

I WOULD LIKE TO

- ☐ Watch ☐ Look away ☐ Decide at the time

PLEASE

- ☐ Count down ☐ Do not count

MY PREFERRED POSITION / ARM (IF POSSIBLE)

4 My pause plan

My pause signal or word is:

If I use it, please pause, give me space and tell me what will happen next.

SIGNS THAT I AM BECOMING OVERWHELMED

5 Important information for the care team

WHAT HAS HELPED BEFORE

SENSITIVITIES, ALLERGIES OR FAINTING HISTORY

WHAT MADE PAST VISITS HARDER

OTHER INFORMATION OR CONTACT

Before the appointment: Share this plan with the clinic and ask what accommodations are available.

This worksheet supports communication. It does not replace advice from a qualified health-care professional.