



Young Person Comfort Check

To be completed by young person

All experiences matter. You know what works best for you.

We will use this information to help create positive health experiences for you.

Patient Information

First Name: _____ Last Name: _____ Date of Birth: _____

Preferred Name: _____

Preparation (*Ready Together*)

Have you had a blood test before? ☐ No ☐ Yes ☐ Many

How are you feeling about today: ☐ Comfortable ☐ Apprehensive ☐ Worried ☐ Very worried

What comforts or helps you most: _____

What bothers or upsets you most: _____

Your top 3 interests or favourite things are:

1 _____

2 _____

3 _____

Pain Relief (*Comfort First*)

I would like to use:

☐ Numbing cream ☐ Buzzy Bee (*PCH only*)

*Note: Numbing cream is recommended but cannot be provided or administered by PathWest staff.
Please come prepared.*

Positive Communication

My home language is: _____ ☐ I need an interpreter: _____

I communicate best with: ☐ words ☐ key word sign or gesture ☐ pictures ☐ device



Comfort Positioning (*Comfort Matters*)

I would like to: ☐ Sit by self ☐ On caregiver's lap

Comfort and Engagement (*Engage your senses, ease your distress*)

- ☐ I like to be told what is happening ☐ I prefer to focus on something else
- ☐ I like to help where possible, give me a job
- ☐ I like to be shown the procedure / items first
- ☐ I like the medical equipment to be out of sight as much as possible
- ☐ I like to be engaged in an activity – help me get settled in doing this before starting
- ☐ I'd like to try visualisation – caregiver will talk me through a memory or imagination
- ☐ I'd like to try a weighted lap pad (*PCH only*)
- ☐ I'd like to look in the sensory toolbox (*PCH only*)

I like to **listen**: ☐ Music ☐ Steps of procedure ☐ Prefer quiet ☐ Singing / humming
☐ Conversation: Talk to me about _____

I like to **look**: ☐ Device ☐ Caregiver ☐ Toy ☐ Procedure

I like to **touch**: ☐ My caregiver ☐ Fidgets / toys ☐ Massage / stroking / patting

I like to **start**: ☐ Just go when ready ☐ Countdown: e.g. 3, 2, 1, starting now

I like to **move**: ☐ I can keep my arm still by myself ☐ I move my toes, feet, legs

I like to **breathe**: ☐ Naturally, don't focus on it, just model ☐ Prompt me to breathe deep/blow out

I like to **taste/suck**: ☐ Lollypop (caregiver to provide) ☐ Sip my drink bottle

I like it to be: ☐ Calm and quick ☐ Give me time to pause and regulate as needed

Is there anything else that will help PathWest help you? _____

Visit pch.health.wa.gov.au/KKIND for more resources

