

## Patient Questionnaire

LifeLabs is committed to making sure that your visit to our Patient Service Centre is a positive experience. Your answers to the questions below will help us customize and tailor the visit to your individual needs.

*Thinking about he/she, please indicate your level of agreement with the following statements now or within the past year.*

	Strongly Disagree	Somewhat Agree	Strongly Agree	N/A or Don't Know
The Patient appears anxious or upset when waiting in public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient appears anxious or upset in situations that are unfamiliar or unexpected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient appears anxious or upset around unfamiliar people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient appears anxious or upset when having blood taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient faints or becomes lightheaded at the sight of blood or needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When upset or anxious, the patient's behavior may be unpredictable (aggression, self-injury, tantrums, etc.)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past, the patient's reaction to a routine medical procedure has resulted in injury to themselves or to others*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*If you answered Somewhat or Strongly Agree an appointment must be booked to complete the procedure.

Please answer the following questions.

1. What do you typically do to help the patient relax in stressful situations?

2. Please share any additional comments or concerns you have about the pending medical visit:

Please complete the below section if he/she is having an ECG performed.

	Strongly Disagree	Somewhat Agree	Strongly Agree	N/A or Don't Know
The patient appears anxious or upset when having an ECG performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have tactile sensitivity (as this procedure requires adhesive electrodes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The patient appears anxious or upset if they have to remove clothing around unfamiliar people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### **Patient Information**

Name (First, Last): [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#)

### **Parent/Caregiver Information**

Name (First, Last): [Click here to enter text.](#)

Relationship to Patient: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

*Please return the completed form and retain a copy for your records.*