

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Checklist for my health care provider

Due to past traumatic experiences, individuals may suffer from discomfort so severe they avoid seeing a health care provider. Or, they may have emotional or physical reactions during care. As a way to inform your provider, complete this checklist indicating your feelings and provide it prior to your appointment. Check all those that apply:

### Things that make me feel more COMFORTABLE:

- Preferred gender of healthcare provider (when available): \_\_\_\_Male \_\_\_\_Female
  - An initial appointment just to talk about my care and preferences
  - Written information regarding procedures that I can take home
  - Talking over concerns and procedures before asking me to disrobe
  - Encouraging me to ask questions
  - Giving me as much control and choice as possible about what happens and when
  - Allowing me to have a support person in the room
  - Having a nurse or a medical assistant in the room during the exam
  - Explaining each procedure then asking me for permission to begin
  - Talking to me throughout the exam or procedure and explaining what you are doing and why
  - Allowing me to take a break during the exam or procedure at any time. Checking on my comfort level throughout
  - Developing a "stop signal" with me so I can communicate when I am overwhelmed and need a break
  - I would prefer a larger sized gown
  - Knocking or gently announcing before entering the exam room
  - Having the exam/procedure conducted while I am in an upright or reclined position
  - When I have to lie down entirely for the exam, offer me a blanket to cover my torso
  - Letting me listen to music if it doesn't interfere with the exam/procedure
- I would prefer the exam room door to remain: \_\_\_\_Open \_\_\_\_Closed \_\_\_\_Ajar

### Things that make me extremely UNCOMFORTABLE:

- Being in an exposed, vulnerable position
- Lying flat on my back
- Being in close proximity of the doctor; being touched
- Removal of clothing; loss of/lack of privacy
- Being asked personal questions that may be embarrassing or distressing
- Invasive procedures such as \_\_\_\_\_
- Being physically held down (by people or straps)
- Being given medication which makes me feel out of control
- Having mouth blocked open or fingers/instruments in mouth
- Doctor discussing my "case" in front of me with another staff member or medical student
- Sight of certain equipment or instruments, namely \_\_\_\_\_
- Sounds such as \_\_\_\_\_
- Smells -- Circle those that apply:  
Latex gloves, rubbing alcohol, antiseptic odors, aftershave, Other \_\_\_\_\_