

# Emotional Medical Record



**Patient Name:**

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## Pre-Visit FAS Management Interventions

Motion Sickness Medication

PVP

PVN

In-Hospital Sedation

Analgesia

Pheromones

Compression Garment

Calming Music

Other: 

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## Preferred Healthcare Provider

No Preference

Female

Male

## Preferred Entrance to Practice

Normal

Alternate Entrance

Wait Outside/In Car

Other: 

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**Likes** (prevents/alleviates FAS):

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**Triggers** (increases FAS):

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## Preferred Distraction Techniques

Food: 

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Toy: 

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Petting/Brushing: 

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Other: 

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## Preferred Location for Exam

Floor

Carrier

Baby Scale

Lap

Table

Other: 

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## Behavior Management Products

Towel

Blanket

Basket Muzzle

Cat Mask

Calming Cap

Other: 

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## In Hospital Sedation

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

### FAS Levels (Select scores that apply)

LOCATION	FAS LEVEL 0-1 (GO)		FAS LEVEL 2-3 (CAUTION)		FAS LEVEL 4-5 (STOP)	
Reception Area	0	1	2	3	4	5
Scale	0	1	2	3	4	5
Examination	0	1	2	3	4	5
Carrier Door Opened	0	1	2	3	4	5
Treatment Area	0	1	2	3	4	5
Boarding/Hospitalization	0	1	2	3	4	5
Other (please list below):	0	1	2	3	4	5