This booklet is to help you get to know me better and so I can feel safe and will be kept confidential.

My name is:

Content Warning - This booklet will include topics that some individuals may find offensive and/or traumatizing. Please be advised.
**My Experiences:**
(please check any applicable circles)
- I have had racist healthcare experiences
- I/close relative attended Residential School
- I was experimented on without my consent
- I am a domestic violence survivor
- Other difficult experience giving me anxiety about this situation

**People who make me feel safe and comfortable:**

**When I get a needle, I want:**
(please circle)
- A numbing product
- To breathe calmly
- To look away or close my eyes
- To look or watch
- To use a tablet or phone
- A family member with me
- If available, a person of the male or fluid gender to give the needle
- If available, a person of the female or fluid gender to give the needle

**Other:** ........................................

**Things that I brought with me to help me feel safe are:**

**HELPFUL HINT**
Plan to do something special after the needle to recognize how brave you are.