The National Lung Cancer Screening Program

Safety and comfort plan



This resource is designed to support you during your lung cancer screening appointments by helping you share any communication, sensory, mobility, safety or other support needs with your healthcare team.

You can fill this out yourself or with a support person such as family, friend, peer worker or clinician. Share as much or as little as you feel comfortable with. Please tick or circle the things that describe what you want others to know about your needs.

1. Your details

Name

Preferred Name

Pronouns

Phone

Emergency contact/next of kin (optional)

Their contact details

2. Things that may affect my scan

Is there anything about your mental health, wellbeing, or past experiences that might affect how you feel during the radiology scan?

(Examples: enclosed spaces, noise, being alone, being touched, fear of results, previous difficult healthcare experiences).

3. What helps me feel safe and comfortable

Please tick boxes that apply

- ☐ Deep breathing
- ☐ Grounding techniques
- ☐ Clear step-by-step explanations
- ☐ Minimal conversation
- ☐ Earplugs
- ☐ Music
- ☐ Extra time
- ☐ Support person present
- ☐ Comfort item (e.g. blanket, fidget tool)
- ☐ Other:



Anything else staff can do to help?

4. Sensory or physical needs

Please tick boxes that apply

Noise:

- ☐ Loud noises are difficult
- ☐ I would like earplugs (if available)
- ☐ Please warn me before noise starts

Lighting:

- ☐ I prefer dimmed lighting (if available)

Touch and positioning:

- ☐ I need help getting onto equipment
- ☐ I may need pillows/supports
- ☐ I need extra time to get comfortable
- ☐ Please explain before touching or positioning me
- ☐ Avoid touching unless essential, and ask for consent before doing so

Mobility or pain considerations:

5. Communication preferences

Please tick boxes that apply

How would you like staff to communicate?

- ☐ Slowly and clearly
- ☐ Clear step-by-step explanations
- ☐ Minimal conversation
- ☐ Regular check-ins
- ☐ Written information
- ☐ Other:

Interpreter needed?

☐ Yes ☐ No

Language:

6. If I start to feel distressed or overwhelmed

Have you ever felt overwhelmed during a medical appointment?

☐ Yes ☐ No

If yes, what helps?

Are there early signs that you are starting to feel overwhelmed that staff should look out for?

What would you like staff to do if you feel overwhelmed or distressed?

7. After the scan

Sometimes waiting for results can be stressful. Who can support you?

- ☐ Family
- ☐ Friends
- ☐ Peer Worker
- ☐ Mental Health Clinician
- ☐ Support Service
- ☐ Other

How I prefer to receive results or reminders from the National Cancer Screening Register (NCSR):

- ☐ SMS
- ☐ Letter (post)
- ☐ Through my nominated support person/ worker (recorded in the National Cancer Screening Register and authorised to receive my reminders)
- ☐ Email:

To update your communication preferences, contact the NCSR 1800 627 701

How I prefer to receive results or reminders from a GP or nurse practitioner (if available):

- ☐ SMS
- ☐ Phone call
- ☐ Letter (post)
- ☐ Through my nominated support person
- ☐ Email:

Anything else you would like the health care team to know?

Scan the QR code for more information about the National Lung Cancer Screening Program or visit health.gov.au/nlcsp

For more information

National Cancer Screening Register (NCSR)
1800 627 701

Lung Cancer Screening Helpline
1800 654 301

Australian Government

NATIONAL LUNG CANCER SCREENING PROGRAM

Lived Experience AUSTRALIA

EQUALLYWELL

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