



COMMUNICATION & BEHAVIOUR

Is your child able to communicate verbally? No Yes

Are there certain visual or verbal cues that might help the dental team? If yes, please explain:

Are there any useful phrases or words that work best with your child? Please describe:

Does your child use non-verbal communication? No Yes If yes, please explain:

Will you be bringing a communication system with you? No Yes If yes, please explain:

Will you be bringing visual supports to help your child during the visit? If yes, please explain:

If not, are there any supports that we can have available to assist with communication? If yes, please explain:

BEHAVIOR/EMOTIONS

Please list any specific behavioral challenges that you would like the dental team to be aware of:

Feel free to bring motivating items that are comforting and/or pleasurable for your child to the dental visit.

SENSORY ISSUES

Please list any specific sounds that your child is sensitive to:

Does your child prefer the quiet? No Yes

Is your child sensitive to light? No Yes

Does your child dislike being touched? No Yes

Is your child sensitive to motion and moving (i.e., the dental chair moving up and down or to a reclining position)? No Yes If yes, please explain:

Does your child have any oral sensitivity (gagging , gum sensitivities, grinding, clenching, etc.)? No Yes

Do certain tastes bother your child? No Yes If yes, please explain:

Is your child more comfortable in a clutter-free environment No Yes If yes, please explain:

What frightens your child?

What calms your child?

Is there a time of day your child typically does best?

Please provide your dentist with any additional information that may help prepare for successful oral health care.