Name:_____ **Date of Birth :**_____

Note: The following questionnaire is *optional* and relates to treatment modifications specific to your child. Thanks!

Communication & Behavior

Is your child able to communicate verbally? ☐ Yes ☐ No

Are there certain cues that might help the dental team?

_____

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

_____

Does your child use non-verbal communication? ☐ Yes ☐ No

Does your child use any of the following?

☐ Picture Exchange Communication System (PECS)

☐ American Sign Language

☐ Mayer Johnson Symbols

☐ Sentence Boards/Gestures

☐ Talker/iPad/Assistive Device

Will you be providing an alternate communication system? ☐ Yes ☐ No

Behaviors/Emotions

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

_____

_____

Please list specific non-food motivators your child responds well to (i.e. stickers, stuffed animals, coloring pages, etc.**)**

_____

_____

Please feel free to bring objects that are comforting/ motivating for your child to their visit.

Name:_____ Date of Birth :_____

Sensory Details

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

_____

_____

Does your child prefer the quiet? ☐ Yes ☐ No

Is your child more comfortable in a dimly lit room? ☐ Yes ☐ No

Is your child sensitive to motion and moving (i.e. the dental chair moving up and down or to a reclining position?**)** ☐ Yes ☐ No

Does your child have any specific oral sensitivities? (gagging, gum sensitivities, etc.**)** ☐ Yes ☐ No

Do certain tastes bother your child? ☐ Yes ☐ No

If yes, please list below:

_____

Please provide us with any additional information that may help us in having a successful dental experience!

_____

_____

Treatment Modifications/Accommodations

Ask for more details! ****coming soon!***

- ☐ Touch and Feel Box
- ☐ 3 Month Schedule VS. 6 Month Schedule
- ☐ Papoose Board *
- ☐ Private Room *
- ☐ Weighted Blanket
- ☐ Stationary Exam Chair
- ☐ Token Board Reinforcement
- ☐ Noise Cancelling Headphones
- ☐ Visual Timer