



## GETTING TO KNOW YOUR CHILD

This is a detailed questionnaire to help us understand the specific needs of your child

### **BEHAVIOR**

- Briefly describe your child's personality:
  
- How does your child do at other appointments, such as: the pediatrician or getting a hair cut?
  
- How does your child cope with dental treatment?
  - I don't know
  - Very resistant
  - Resistant but cooperates
  - Takes a long time to warm up
  - Is very vocal
  - Can be physically resistant
  - Needs a parent/caretaker present
  - Cooperated better without parent/caretaker present
  
- Does your child respond better with:
  - Alone in one room with dental staff and parent /caretaker **ONLY**
  - In a large area with other children/young adults present
  - With only one or two other children/young adults in the room
  - In a private small room
  - In a private small room with lights dimmed
  - With weighted blanket or vibrating animal on their body
  - Have his/her hands held for reassurance
  
- If your child has autism, answer question below:
  - Where does your child fall in the spectrum of autism?
  - Mild
  - High Functioning
  - Verbal
  - Non-Verbal



- **COMMUNICATION**

- How do you communicate with your child?
  - Direct eye contact
  - Calm voice
  - Firm directions
- Does your child work with a behaviorist, specialist, or therapist? If yes please provide names and telephone numbers if possible.
- In order to get your child to cooperate accordingly, do you need to be firm or gentle? Please explain:
- How do you praise your child? (i.e.: reward them with coins, words, food, books)
- Do you think that your child will do well with dental staff counting out loud as distraction for the treatment? Yes No
- Will your child need frequent breaks during treatment or is it better to just get it done as fast as possible?

**ORAL HYGIENE AND EATING HABITS**

- How successful is oral hygiene at home?
  - Parent/caregiver must brush and floss
  - Child uncooperative for tooth brushing
  - Brushing/flossing done by child
  - We are unable to effectively brush/floss
- Does your child have any of the following?
  - Specific diet
  - Allergies
  - Difficulty with certain textures or tastes
  - Gag reflex/Acid reflux
  - Tube fed



## **YOUR EXPECTATIONS**

- What are your expectations?
  
- How important is it to you to have all of the scheduled treatment completed?
  - Get as much done as possible
  - Do not continue with treatment if my child resists
  - Let's see how it goes
  - Keep going and complete all treatment if they resist

Any suggestions you can offer our staff to help create a successful visit for your child are welcome. Let us know if your child is more sensitive to bright lights, sounds, being touched or other stimuli. Also, please share any past dental experiences, positive and negative one with our staff.