Dental Pre Visit Form Special Needs

Instructions: Please complete this form for yourself or for the special needs person you are supporting. Print or complete on the computer. USE TAB TO GO TO NEXT AVAILABLE SPACE WHEN ENTERING INFORMATION.

Section I: Patient Demographics		
Name	Home Phone	
Address	Date of Birth	
Type of Residence (check which is applicable)	Gender Male Female	
Family Home	Agency Address	
Residential Program		
Family/Assisted Living		
Independent/Own Home		
Agency Name	Agency Phone	

Emergency Contact Information

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Emergency Contact Name	Relationship to Patient (title, if applicable)	
Address	Telephone	
Legal Guardian Yes No	Legal Guardian Name Legal Guardian Phone	

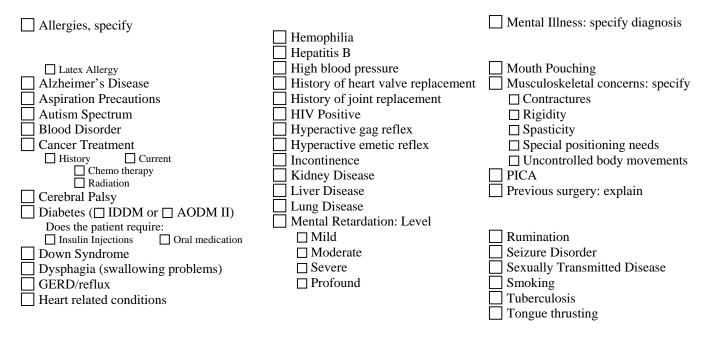
Insurance Information		
Name of Insured	Date of Birth	
Address	Relationship to Patient	
Social Security Number	Employer Name	
Medical Assistance/Access Number	Managed Care Organization <i>company name and number</i>	
Private Insurance <i>company name and number</i>	Medicare (Managed Care Organization) <i>company name</i> <i>and number</i>	

Primary Care Physician		
Primary Care Physician Name	Telephone Number	Address

Previous or Referring Dentist			
Dentist Name	Telephone Number	Address	

Section II: Medical Diagnoses

Check all that apply



Section III: General Functioning

Choose the best matching level, check boxes

A. Speech/Communication

Completely verbal, clearly expresses thoughts

Somewhat verbal, sentences incomplete

Somewhat verbal, uses signs or devices

Primarily nonverbal, uses sounds, gestures, or signs

Nonverbal, uses pictures

Nonverbal, expresses with face and behavior

Nonverbal, unable to communicate thoughts

B. Hearing

☐ Normal
 ☐ Impaired (uses a hearing aide □ Yes □ No)
 ☐ Deaf

C. Vision

☐ Normal ☐ Impaired (uses glasses ☐ Yes ☐ No) ☐ Blind

D. Mobility

- Completely mobile, little or no assistance
- Able to walk, but unsteady
- Able to walk, needs assistance with steps
- Physical assistance (e.g., sighted guide)
- Mechanical assistance, cane, walker, crutches
- Needs mechanical and physical assistance
- Non-ambulatory, can operate a wheelchair
- Non-ambulatory, completely dependent

E. Eating

- Eats a regular diet
- Eats a soft or pureed diet
- Eats a liquid diet only
- Has feeding tube or g tube
- Reason for dietary modification:

Section IV: Behavioral Approaches

A.) Describe dental appointment behaviors based upon past experience

 Cooperative under all circumstances Cooperative under most circumstances Please describe what the patient can or cannot tolerate Fearful and tactile defensive History of biting Lip biting following anesthesia 	 Resists contact Refuses to open mouth, requires mouth prop Combative Hyperactive/short attention span Tremors Vocal outbursts Waiting room behavior is disruptive
B.) Describe strategies that are effective	
 Calm voice Directive Distraction Humor Pre-medication to relax patient 	 Positive reinforcement/Rewards (specify what is rewarding) Demonstration of appointment activities Mechanical immobilization/ Protective stabilization (light restraints) Other behavior management techniques

C.) Describe what relaxes the patient

D.) Will patient easily open their mouth for tooth brushing/oral hygiene?

Yes No

E.) What is the patient's reaction to needles?

Section V: Dental Specific Needs		
 Patient requires assistance to use the dental chair. Patient needs physical support in the dental chair. Patient cannot use a dental chair. Yes No Section 1 and 1		
9. What is the patient's oral hygiene routine?		
Toothbrush floss electric toothbrush water pic, cloth/sponge other tool		
10. Can patient brush his/her own teeth? <i>circle one</i>		
With no assistanceWith some assistanceNeeds total assistance		
 11. Can patient rinse mouth well? 12. Does the patient have a history of oral or facial trauma? 13. Has sedation been required for dental care in the past? 14. Does the patient require any medications prior to dental treatment? 15. If yes, specify 16. Nitrous Oxide (laughing gas) 17. Oral sedation (medication) 17. IM sedation 18. IV sedation 19. IV sedation 10. General Anesthesia 		
 15. Has the patient required physical restraints (protective stabilization/mechanical immobilization) to accomplish dental care in the past? Yes No 16. Will it be necessary to use protective stabilization for this person to receive dental care? Yes No 17. Most recent general dental visit: Date 18. How often does patient receive dental check ups? 19. Type of treatment received at the most recent visit (check all that apply): Screening (exam) Periodontal (cleaning) Restorative (filling) Surgery (to jaw, gums, mouth) Extraction (tooth pull) Orthodontics (braces) Gum treatment 		

Please attach documentation of previous dental visits

Section VI: Proposed level of Dental Care

Select level of care based upon previous dental experiences or previous dental assessments. Use chart below.

Level I	Level II

Level III Level IV

Level of Care		Level of Care
Level 1 Care	The special needs of the patient do not require any special modalities other than time to provide the dental care. Dentists providing level I care <u>may</u> use the behavior management techniques.	Community-based Care for people who are cooperative and are not fearful of the dentist, who may require little or no assistance to complete comprehensive dentistry. Patient may need some pre medication and/or local anesthesia.
Level 2 Care	The special needs or the patient with some level of cooperation requires anxiolytic (chemical) support <u>or</u> desensitization and/or behavioral management to be successfully treated. (This includes nitrous oxide or analgesics)	Community-based care for people who are generally cooperative during a dental visit. Patient may need some behavioral support, desensitization, and/or nitrous oxide/oxygen.
Level 3 Care	The special needs of the patient are not responsive to level 1 or 2 care modalities and/or historically has been unsuccessful in treatment attempts at level q or 2, and therefore, requires IV sedation (pharmacological treatment) in order to be successfully treated.	Community or specialty clinic-based care for people who are historically not successful under level 1 or 2. These patients require a level of sedation above level 2, but not anesthesia or deep sedation, due to behaviors and/or medical complexity.
Level 4 Care	The special needs of the patient are not responsive to levels 1, 2 or 3 care and/or historically have been unsuccessful in treatment attempts at levels 1, 2 or 3, and/or the treatment required is so extensive and /or urgent that the patient will require anesthesia for successful treatment.	Patient cannot complete dental visit in a typical community practice due to resistant or difficult behaviors or medical complexity. Person will need specialized setting, ambulatory surgical center or hospital to complete comprehensive dentistry using deep conscious sedation or general anesthesia.

Where has the patient received care in the past?

Dental Office Specialty Clinical Hospital

Does this person require the level of care previously received or could the patient use less restriction?

Name of person completing this form (printed)

Signature

Title

Phone Number

Date

Attach current physical exam and list of medications with last visit form