

Patient with Autism - Dental Questionnaire

Share the answers to these questions with your dental provider so that they can understand the needs of the patient.

Can your child wait in the general waiting room?

Current dental hygiene routine:

- Do they brush once or twice a day? Yes or no
- Do they use an electric toothbrush or manual toothbrush? _____
- Do they need assistance to brush? Yes or no
- Do they use a timer? Yes or no
- What brand and flavor of toothpaste does your child tolerate best? _____
- Are they able to floss? If so, how often?
- Can they tolerate mouthwash? _____ Are they able to spit out? _____

What flavor of tooth polish would your child prefer? *(The dentist may have options, or, with notice, may be able to order polish with no flavor)*

Are there specific oral sensitivities (gagging, gum sensitivities, etc.) that you are aware of?

Will they need an individual room, or can they tolerate rooms with multiple chairs?

Sensory:

- Sensitivity to light and noise?
- Would they prefer a dimly lit room?
- Do they use ear plugs or noise canceling headphones?
- Do they tolerate wearing sunglasses?
- Will your child tolerate the motion of the chair?

What stress items or distracters would help? (examples: stress balls, plushy, TV -specific channel or movie/captions on or off, a preferred item from home)

How does your loved one communicate?

What behaviors might be seen if child becomes anxious?

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

Anything else you would like your dental team to know about your child?