

Getting to Know Your Child

	Patient Name: Date:
	If you need more room to elaborate on your answer, please use reverse side.
1.	Has your child been diagnosed with Autism? Y or N. Does your child exhibit any atypical behaviors?
2.	How do you communicate most effectively with your child?
3.	How does your child communicate with others?
4.	How does your child respond in social environments?
5.	How does your child do at other appointments such as the pediatrician or getting a haircut?
6.	In the past, or currently does your child see a specialist/behaviorist? Y or N Name Telephone #
7.	Has your child seen the dentist before? Y or N If yes, please briefly describe how the visit went. Were you able to complete a cleaning or x-rays?
	Do you feel your child would do well with a music option playing? Y or N How do you praise your child, such as rewards with stickers, candies, books, etc.?
	How successful is oral hygiene at home? a. Parent or caregiver are able to brush/floss daily b. Child brushes and flosses on their own d. Caregiver is unable to effectively brush/floss Company of the falls in (classes a lair)
a.	Does your child have any of the following (please explain): Specific diet
c.	Difficulty with certain textures or taste Gag reflex/Acid reflux
e.	Tube Fed Please list all medications your child is taking:
13.	Do you have any concerns about your child's oral health?
14.	What are your expectations for today's visit?

Any suggestions you can offer our staff to help create a successful visit for your child are welcome. Additional information can be written on the back of this paper. We look forward to meeting you and your child!