



SPECIAL CARE

An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs

Getting to Know Me

Please complete this form with or for your child so we can better understand and meet your child's unique needs. Bring it with you to your appointment. Thank you.

Child's name: _____

Nickname: _____

Date of birth: _____

Age: _____

Date today: _____

Parent(s) name(s): _____

Other regular caregivers (more than twice a week):

- Siblings
- Grandparents
- Other relatives
- Baby-sitter
- Child care
- School programs
- Other

Current medications and any sensitivities to medications:

Adaptive aids/equipment (for example, wheelchair):

Therapies (for example, occupational or physical therapy):

Special educational programs:

Other supportive services:



Ways I communicate:

Some of my strengths:

Things that make me smile or make me feel good (e.g., favorite toys, phrases):

Things that might bother me about the dental office:

My behaviors or conditions you might find challenging in the dental office:

How my family deals with these behaviors or how they can help you deal with them:

Past experiences with oral health care:

Problems or questions my family has about home oral hygiene care: