MAGNOLIA
Kid Friendly Dental

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? _____
   _____
8. Do you feel your child would do well with a music option playing? **Y** or **N**
9. How do you praise your child, such as rewards with stickers, candies, books, etc.?
   _____
10. How successful is oral hygiene at home?
    a. Parent or caregiver is able to brush/floss daily
    b. Child brushes and flosses on their own
    c. Child is uncooperative for tooth brushing
    d. Caregiver is unable to effectively brush/floss
11. Does your child have any of the following (please explain):

a. Specific diet _____
b. Allergies _____
c. Difficulty with certain textures or taste _____
d. Gag reflex/Acid reflux _____
e. Tube Fed _____

12. 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!