

# Pre-Treatment Assessment Form Part I To Be Completed by Parent or Caregiver

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Sibling Order \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Previous Dental Experiences: \_\_\_\_\_

Parent or Caregiver: \_\_\_\_\_

**The Patient needs (Check Whichever Apply):**

\_\_\_\_\_ Routine Exam

\_\_\_\_\_ A Filling

\_\_\_\_\_ A Cleaning

\_\_\_\_\_ "A Lot of Work"

\_\_\_\_\_ Orthodontic Treatment

\_\_\_\_\_ An Extraction

\_\_\_\_\_ Not Sure, but seems to be in pain

\_\_\_\_\_ Don't Know

**The Patient's level of cooperation is likely to be:**

\_\_\_\_\_ Age Appropriate

\_\_\_\_\_ Playful

\_\_\_\_\_ Non-Focused

\_\_\_\_\_ Wiggly

\_\_\_\_\_ Aggressive

\_\_\_\_\_ Short Attention Span

\_\_\_\_\_ Combative

\_\_\_\_\_ Don't Know

**Management Techniques I Would Like the Doctor to Use:**

\_\_\_\_\_ Sedation

\_\_\_\_\_ Short, Multiple Visits

\_\_\_\_\_ Restraint

\_\_\_\_\_ Operating Room/General Anesthesia

\_\_\_\_\_ Don't Know

**Regarding whether you stay with the Patient or wait in the Waiting Room, please circle if you Agree or Disagree with the following:**

It is best if I stay with the Patient because the Patient needs me to be there.

Agree/Disagree

It is best if I stay with the Patient because I can help the Doctor and the Staff.

Agree/Disagree

It is best if I stay with the Patient because I need to be there.

Agree/Disagree

It is best if I wait in the Waiting Room because Dentists make me nervous, and that won't help the situation.

Agree/Disagree

It is best if I wait in the Waiting Room because the Doctor knows best how to handle the Patient's behavior in the dental environment.

Agree/Disagree

Things that I know will motivate the Patient to try harder (e.g. computer time, DVD, ice cream, etc.).  
Any other information that the Staff should know prior to working with this Patient.

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