Dental Hygiene Functional Assessment
Pre-Visit Questionnaire

	I am completing this form for myself	Client Name:

	I am completing this form for another person	My Name:
	My relationship to client	
	Are you the client's Substitute Decision Maker?	
	If no, name of the client's Substitute Decision Maker/person able to provide consent	Name:

Our dental hygiene clinic embraces an evidence-informed, person-centered approach to quality dental hygiene care to those we serve. The purpose of this questionnaire is to gather additional information to help us/our students prepare to make your visit to our clinic as comfortable and successful as possible. Please share all important details about you/the person you care for.

Please return the completed form to _______________ prior to your visit.

Please check √		Please provide details
Describe your home:		
	Live independently	
	Live with a care giver	
	Live in a group home	
	Live in assisted living	
	Live in long term care	
	Other	
Tell us about your preferences for your upcoming visit:		
	Able to wait in the waiting room	
	Prefer text message when office is ready for the appointment	
	What time of day is best for an appointment?	

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	Do you have any physical/mobility challenges that might impact how you receive dental care?	
	If using a wheelchair, are you able to transfer to the dental chair?	
	Do you have a service animal?	
	Other	

Please check √		Please provide details
How do you communicate?		
	Verbal in English/French	Other language_________________
	Non-verbal	Who speaks for you:
	Electronic communication device	
	Sign language	
	Story board	
	Lip reads	
	Through an interpreter /translator	Who?
	Other	
Do you have any sensitivities that might impact your visit?		
	Touch	
	Smells	
	Tastes	
	Personal space	
	Colours	
	Sounds	
	Sight/lighting	
	Vibrations	
	Positions/Laying flat/heights	

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	Comfortable with eye contact	
	Other:	
How do you respond in the dental hygiene/dental setting?		
	Able to follow instructions	
	Able to keep hands on lap during the appointment	
	Require frequent breaks during care	
	May verbalize/exhibit stimming during the appointment	
	What strategies are used to self-sooth? (emotional coping)	
	Other	
Tell us about your daily mouth care:		
	Able to brush own teeth	
	Require assistance with tooth brushing	
	Care giver provides tooth brushing	
	Able to clean between teeth	
	Able to rinse with mouthwash	
	Able to brush tongue	
	Strong gag reflex	
	Other	

Please check √		Please provide details
Tell us about your past dental/dental hygiene experiences:		
	Experience dental anxiety	
	Comfortable receiving dental hygiene care in an office	
	Require sedation to complete care	
	Use desensitization techniques to receive dental care	
	Receive rewards for positive behaviour during appointment	
	Other	
Please provide any additional information/suggestions/aids that might help make the appointment comfortable:		

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