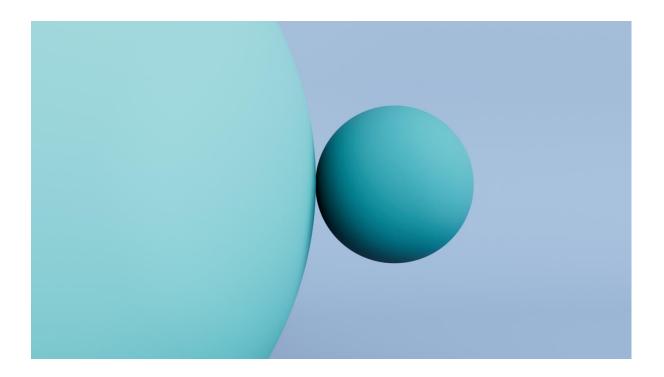




SUPPLEMENTAL GUIDE

Functional Pre-Visit Assessment Form







Use of the Functional Assessment in Dental Hygiene Care: Supplemental Guide

This functional assessment form is designed for all clients in school and practice settings. The goal of the functional assessment is to proactively acquire information to facilitate the introduction of all clients into dental and dental hygiene care and avoid miscommunications that can negatively impact the building of trust. The information gained from this form is beneficial in preparing to care for all clients, such as those with dental anxiety and other special healthcare needs.

The intent is to gain this information before the client attends the oral health professional's first appointment. Provinces have different regulations relating to telehealth and/or the emailing of client information. The form could be emailed to the client along with the general health history form. Further information to supplement the form could be obtained over the phone or, where applicable, using a telehealth web-based system.

Your client may be able to complete the form independently or may have a substitute healthcare representative who would complete the form. This information helps us understand how informed consent for care will be obtained. Follow-up questions would include whether the substitute decision-maker would be attending the appointment with the client or whether verbal or written permission would need to be attained to proceed with care following the assessment.

Rationale for Questions and suggested follow-up questions.

Describe your home. The client's home life is essential in identifying their level of independence. Clients living with caregivers, in group homes, assisted living or long-term care may have previous home care plans that can be provided to the oral health professional. Often, clients living in these homes have assistance for daily hygiene activities, including mouth care.

Potential follow-up questions:

What form of transportation will you use to get to the appointment? (These services can impact the timing of appointments and can run late)
Will someone be accompanying you to the appointment?
If living in a group environment:
Does anyone help you with daily mouthcare?
Who is your primary caregiver?





Please tell us your preference for your upcoming visit. This section is essential for preappointment planning to minimize anxiety and ensure an appropriate dental operatory is selected.

Potential follow-up questions:

How long would you feel comfortable waiting in the waiting room? Would you prefer to sit or stand?

Text messaging: Can you read a text message yourself, or would your caregiver receive the message? You may require the caregiver's phone number for this purpose.

Would you prefer a phone call instead of a text message?

What time of day is best for you? If the best time of day would require waiting for months, it is appropriate to ask if another time may also work for the client.

Physical/mobility issues/wheelchairs: *How far can you walk? Do you require assistance with mobility?*

If applicable to your office environment: Are you able to navigate stairs?

Consider if an operatory is large enough to accommodate a wheelchair and how transfers may occur. If the client can transfer to the dental chair: Can you transfer to the dental chair independently? Will you require assistance? Do you have a transfer board or belt if the office does not have one?

If the client cannot transfer, the clinician should ask: *Does your wheelchair have an articulating headrest?*

Have you ever received dental hygiene care in your wheelchair? If so, how did this work for you, and were there any challenges?

If the client has a service animal: What is the protocol for your service animal? Will your animal stay in the operatory (lying beside the dental chair)? Are there any restrictions on touching or interacting with your service dog? This will be very important so that all dental personnel in the office are fully informed of these protocols.

How do you communicate? The level of communication is essential for building rapport, care planning, the provision of informed consent and/or the right of refusal.

Potential follow-up questions:

If the client is non-verbal: Will you be accompanied by someone capable of translating/communicating on your behalf?

If the client uses a communication device: What communication device do you use, and can you bring it to the appointment? Clinicians can then look up the device to gain some familiarity. Sign language and storyboards. Storyboards are easy to create and helpful. They can be sent to the client to desensitize them to the sequence of events: waiting in the waiting room, sitting in the chair, bib placement, etc.

Some clinicians are familiar with sign language. If this is not the case: *Will you be accompanied by an interpreter?* As a start, the clinician could learn 'hello' and 'open' signs.





Lip reading. This is challenging when masks are required. Have you ever lip-read through a mask with a clear window? Does this work for you?

Do you have any sensitivities that might impact your visit? These are very important to be aware of in advance so that the clinician can avoid them when possible. The goal is to reduce any triggers that might affect quality care.

Potential follow-up questions:

Touch: Are there any safety zones for touch? Can a clinician touch your head, neck, and mouth?

Smells: Are there any common dental office smells that trigger anxiety? Eugenol? Disinfectant?

Tastes: Can you tolerate toothpaste? Are there any flavourings we need to avoid?

Personal space: Are you comfortable with close contract?

Colours: Are there any colours that create anxiety? This can influence the colour of gloves, bib and masks.

Sounds: Are there any sounds that create anxiety? Loud noises? Music? If so, what type? Sound of the dental drill? Suction? Triplex syringe?

Sight/lightening: Are you sensitive to light? Do you have dark glasses you would like to bring and wear during the appointment?

Vibrations: What type? The vibration of the chair as it lowers? Polishing cup vibrations? Have you ever had your teeth polished? Do you use a power toothbrush?

Positioning: Are you comfortable lying down? How far down?

Eye contact: Does direct eye contact increase your anxiety?

anxiety, so it is essential to know baseline behaviours.

How do you respond to the dental setting? This is a history of past communication experiences, both good and less favourable.

Potential follow-up questions:

Able to follow verbal instructions: *Are you able to follow oral instructions? From who? Only the caregiver?*

Able to keep hands on the lap: This is an important safety tool for the client and clinician. Do you require breaks? How long between breaks? Breaks to breathe? Listen? Move? Do you vocalize/or stim? The clinician needs to know this information to help strategize the appointment. Clients that vocalize are often best seen in private rooms. Stimming can increase

Strategies for self-soothing: What methods do you use to self-soothe? The clinician can then utilize or suggest these strategies during the appointment to maximize comfort/lower anxiety.

Tell us about your daily mouth care: This section provides information on who provides the daily mouth care for the client. If caregivers provide care, they may require written instructions of suggested care routines.





Potential follow-up questions: How often is care provided? Are there any challenges?

Assess the level of gag reflex: Do you experience gagging during tooth brushing? Tongue brushing? Rinsing? Are there any issues with swallowing (dysphasia)?

Tell us about your dental/dental hygiene experiences: This further provides a history of past experience if the client has received care from another clinician.

It is critical that the dental or medical anxiety level be known in advance and prepared for.

Potential follow-up questions:

Which dental or dental hygiene services have you received in the office? Examinations? Dental hygiene care? Toothbrush prophylaxis, Radiographs? Restorative?

Were any desensitization strategies used to gain familiarity with an office? First visit to the waiting room only? Multiple short visits to tour the office to acquire and build confidence and learn the routine?

Are positive rewards used? If so, what are they? Tokens? Stickers?)

Lastly, the form has a space for additional information. The clinician or client can use this space as needed.