

## New Patient Questionnaire Paediatric Dental Clinic



Dear Parent or Guardian,

Your child has an appointment to see the Children's Dentist at the paediatric dental clinic. As it is their first visit to this clinic, it would be very helpful if you could provide us with information so that we can make the visit as friendly and relaxed as possible.

**At this visit, we will not be carrying out any actual dental treatment but we will spend some time getting to know your child and deciding on future dental care.**

You are also welcome to bring with you any toy, comforter or music that would help your child feel more settled in a new situation.

**Please list any specific sounds, tastes, sights or sensations that your child is sensitive to:**

.....

**Do you use communications aids e.g. Makaton, PECS, Sentence Board or Gestures?**

.....

(Please feel welcome to bring them with you).

**Are there any symbols or signs that we can have available to assist with communication?**

.....

**Are there any useful phrases or words that work best with your child?**

.....

**Does your child have any special dietary requirements? What are they?**

.....

**What sort of reward or reinforcer do you use with your child at home?**

.....

**Please list any specific behavioural challenges that you would like the dental team to be aware of;**

.....

**Is your child toilet trained?**

Yes ☐

No ☐

Nearly ☐ (please tick)

**What does your child like and dislike?**

.....

**Do you have any problems with toothbrushing?**

.....

**If they have been to a dentist before, what happened at that visit?**

.....

**Can your child sit on the dental chair?**

Yes ☐ No ☐

**Can your child sit on the dental chair while it moves?**

Yes ☐ No ☐

**Can they have the dental light shone on their mouth?**

Yes ☐ No ☐

**Have they managed fluoride varnish (Childsmile) before?**

Yes ☐ No ☐

**Any specific dental likes or dislikes?**

.....

**Please feel free to help us with any further information which may help us care for your child;**

.....

Please bring along this completed questionnaire to your first appointment, and a member of our team will collect it.

Please also find enclosed a copy of "My First Visit to the Dentist," which you can use at home to help prepare your child for this appointment.

If you wish to contact the clinic before the appointment to discuss any other matters, or pay us a brief visit beforehand, please feel free to do so. Our Departmental Secretaries' contact details are:

Royal Hospital for Children: 0141 211 9591

Glasgow Dental Hospital: 0141 211 9797