

Assessment Tool to Determine the Level of Care Needed by an Individual Requiring Comprehensive Dentistry

(To Be Completed By The Individual's Support Team)

Name: _____ Date of Birth: _____ Age: _____

(Check all that apply)

- Allergies _____
- Alzheimer's
- Cerebral Palsy
- Dementia
- Dental Fear/Anxiety
- Diabetes
- Down's Syndrome
- Dysphagia (difficulty swallowing)
- Heart Related Conditions
- High Blood Pressure
- GERD
- Mental Retardation
 - Mild
 - Moderate
 - Severe
 - Profound
- Mental Health Diagnosis _____
- Musculoskeletal Concerns
 - Contractures
 - Rigidity
 - Spasticity
 - Special positioning needs
 - Uncontrolled body movements
- Seizure Disorder
- Sensory Impairment
 - Vision
 - Hearing

Communication Level

- Verbal
- Nonverbal

Ability to Follow Direction

- Independent
- With verbal prompts
- Unable

Access to Mouth for Exam/Care

- Individual is cooperative
- Individual is unable to cooperate

Medications

- Aspirin
- Anticoagulants (Blood thinners)
- Antihypertensives
- Anticonvulsants
- Immunosuppressants (Steroids)

Dental Issues Identified

- Craniofacial Anomalies
- Dental Caries
- Malocclusion
- Oral Lesions
- Oral Malformations
- Oral Injury/Trauma
- Periodontal Disease
 - Early
 - Advanced

Appropriate Level of Care Needed to Complete Comprehensive Dentistry

(Check one)

- Level 1 – Community-based care for individuals who are cooperative in a dental office or not excessively fearful of the dentist and require little or no intervention to complete comprehensive dentistry.
- Level 2 – Community-based care for individuals who are fearful and may therefore have difficulty cooperating and may require analgesia or conscious sedation to complete comprehensive dentistry.
- Level 3 – Community or specialty clinic-based care for individuals who require intravenous or general anesthesia due to maladaptive behaviors or medical complexity, and who therefore require a specialized setting, ambulatory surgical center, or hospital to complete comprehensive dentistry.

Assessment Completed by: _____ Date: _____

Next Assessment Date: _____