

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

To be completed by the individual's support team prior to their appointment

Name: _____ Date of Birth: _____ Age: _____

Check all that apply and list any relevant information for each checked category

<input type="checkbox"/> Allergies:	<input type="checkbox"/> Seizures (list type):
<input type="checkbox"/> Autism	<input type="checkbox"/> Sensory impairment:
<input type="checkbox"/> Cerebral palsy	<input type="radio"/> Vision
<input type="checkbox"/> Dementia:	<input type="radio"/> Hearing
<input type="radio"/> Mild	<input type="radio"/> Neuropathy
<input type="radio"/> Moderate	<input type="radio"/> Sensory processing disorder
<input type="radio"/> Severe	<input type="checkbox"/> Known dental issues:
<input type="radio"/> Profound	<input type="radio"/> Craniofacial anomalies
<input type="checkbox"/> Dental anxiety	<input type="radio"/> Dental caries (cavities)
<input type="checkbox"/> Diabetes	<input type="radio"/> Dental implants
<input type="checkbox"/> Down syndrome	<input type="radio"/> Malocclusion (misalignment)
<input type="checkbox"/> Dysphagia (difficulty swallowing)	<input type="radio"/> Oral lesions
<input type="checkbox"/> Heart-related conditions	<input type="radio"/> Oral malformations
<input type="checkbox"/> High blood pressure	<input type="radio"/> Oral injury/trauma
<input type="checkbox"/> GERD/reflux	<input type="radio"/> Periodontal disease
<input type="checkbox"/> Intellectual disability:	<input type="radio"/> Wears dentures/partials
<input type="radio"/> Mild	<input type="checkbox"/> Communication:
<input type="radio"/> Moderate	<input type="radio"/> Verbal
<input type="radio"/> Severe	<input type="radio"/> Nonverbal
<input type="radio"/> Profound	<input type="radio"/> Communication device/signs
<input type="checkbox"/> Mental health diagnoses:	<input type="checkbox"/> Current medications:
<input type="checkbox"/> Musculoskeletal concerns:	<input type="checkbox"/> Ability to follow directions:
<input type="radio"/> Contractures	<input type="radio"/> Independent
<input type="radio"/> Rigidity	<input type="radio"/> With verbal prompts
<input type="radio"/> Spasticity	<input type="radio"/> Unable/full assistance
<input type="radio"/> Uncontrolled movements	
<input type="radio"/> Special positioning required	

Additional information to consider:

Appropriate level of care:

- ☐ **Level 1:** Community-based care for individuals who are cooperative in a dental office or are not excessively fearful of the dentist and require little or no intervention to complete comprehensive dental care.
- ☐ **Level 2:** Community-based care for individuals who are fearful and may therefore have difficulty cooperating without the assistance of analgesia or conscious sedation to complete comprehensive dental care.
- ☐ **Level 3:** Speciality 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 dental care.

Assessment completed by:

Date assessment completed:

