

Strategies for Managing Challenging Behaviors Related to Oral Care Visits

Form to be completed by a caregiver prior to the visit and shared with office staff upon arrival.

Name:

Date of Birth:

Challenging Behavior (please describe):

Strategies that may be helpful in dealing with these behaviors:

Strategies that have been tried and have NOT been helpful in the past:

Individual's likes/dislikes:

Other applicable
information:
