

This is a checklist to help identify my preferences. Please complete the checklist and return the form back to the reception/dentist.

Name: _____

1) Sound Sensitivites

- ☐ I am sensitive to loud noises.
- ☐ I would like the music to be turned off or lowered during my appointment.
- ☐ I would like a gentle explanation before any noisy tools are used.

2) Light Sensitivities

- ☐ I am sensitive to bright lights.
- ☐ I would like to wear sunglasses during my dental appointment.
- ☐ I would like to know before the light is turned on before me.

3) Touch Sensitivities

- ☐ I am sensitive to touch on my face and in my mouth.
- ☐ I would like a warning before any tools are placed in my mouth.
- ☐ I prefer my personal space and need time to adjust to close contact.

4) Taste and Smell Sensitivities

- ☐ I am sensitive to strong tastes (fluoride paste).
- ☐ I am sensitive to strong smells (dental products).

5) Movement Preferences

- ☐ I feel more comfortable if I can sit up rather than lie flat.
- ☐ I may feel anxious if the chair moves suddenly.
- ☐ I would like an explanation if the chair will be reclined.

6) Communication Preferences

- ☐ I like to know what will happen next before each step.
- ☐ I prefer to have visual supports (like pictures) if available.
- ☐ I feel more comfortable with clear, simple language.

7) Other Preferences or Needs

Please let us know any other specific preferences your child may have

**Are you struggling to keep up with your child's oral health?
Don't worry! We've made a website specifically for children
on the autism spectrum to help them achieve their oral
health goals!**

**Please visit: www.dentalonthespectrum.co.uk
or just scan the QR code.**

