

Does not like to be touched, but may touch others.

Does not like the dental chair to be laid right back

Does not like the dental chair moving.

Uses the following means of communication

.....

Likes.....

.....

Please list any other useful details, e.g. 'best ways' to communicate and other helpful tips below, or attach a separate sheet.

Looking after teeth Some helpful hints

- Reduce sugar intake, **especially in between meals.**
- Check labels for '**hidden sugars**'.
- Always ask your doctor, dentist or chemist for **sugar free medicines** when these are required.
- **Don't give sweets as a reward** – use alternatives such as a favourite object or activity.
- **Avoid fizzy drinks, juices and squashes** and replace with water or milk if possible.
- Give **support for tooth brushing** by demonstrating each step and taking each stage, one step at a time.
- **Ask the dental team for advice about diet and dental health**

DENTAL CARE AND AUTISM

CONTACT DETAILS OF DENTAL TEAM

Useful Websites:
www.bsdh.org.uk
www.autism.org.uk

Preparing for a dental visit

- New experiences can cause problems for people with autism, dental visits need not be a problem, if properly planned.
- Make sure you contact the dental team before the first visit.
- A slow introduction to the surgery over a period of time will help the patient get used to the unfamiliar surroundings and gain confidence.
- Ask the dental team if you can visit the surgery before the main appointment.
- Prepare and explain to all concerned about what is going to happen and make sure that they come with someone that they know well.
- Use dental pictures or photos, books and toys to familiarise the patient before their visit.

- Discuss previous dental appointments with the dental team and let them know of any helpful tips or if it is necessary to put instruments away
- Discuss preventative dental advice with the dental team and see the back of this sheet
- Please complete and return the tear off slip to the dental team, or to those whose contact details are on the front page of this leaflet

Please tick any statement that applies and give any other information that you feel would help



With thanks to all those who have helped in the development of this leaflet



Dear Dentist

This form has been designed to help prepare a patient with autism for a dental appointment. Please take note of the following advice and allow a parent or carer to repeat directions and help carry out treatment

Name _____

Contact details _____

- Cannot wait, so please try to see promptly.
- Is frightened of strange environments and this may show in unusual or challenging behaviour.
- Finds loud noises cause distress.
- Finds bright lighting disturbing and this can influence behaviour.
- Finds smells, textures or tastes upsetting
- Cannot always tell where it hurts.
- May not respond to pain, or may respond in an unusual manner