

Outreach Services of Indiana

DENTAL APPOINTMENTS CHECKLIST: DURING THE DENTAL APPOINTMENT

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed Checklist according to agency protocol.

Checking in and waiting area

- _____ 1. Check in; introduce yourself and the individual.
- _____ 2. State reason you are there; encourage person to participate as able
- _____ 3. Discuss accommodations needed in waiting room such as a more private space.
- _____ 4. Provide information as requested such as insurance information, photo ID
- _____ 5. Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed
- _____ 6. If need to leave waiting area, alert the receptionist & establish a method for him/her to contact you. Do not leave the individual alone in the waiting room.

In the examination room

- _____ 7. Provide any healthcare visit/consultation type form, other health related information, & review the reason for the appointment.
- _____ 8. Review any concerns or questions that you were asked to relay from other team members.
- _____ 9. Advocate that dental professional communicates directly with the individual. Explain communication accommodations & approaches to the examination that may facilitate cooperation.
- _____ 10. Stay with the individual to provide support & assist with communication.
- _____ 11. Refer to a person in the provider agency, a guardian, or to written information if you do not know answer to the dental provider's question.

- _____ 12. Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider; don't wait until they occur.
- _____ 13. Assist with explanations & provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- _____ 14. Assist with transfer and positioning.
- _____ 15. If exam/procedure is not completed, ensure reason for not completing exam/procedure is documented on healthcare visit/consultation form along with written recommendations for addressing future steps.
- _____ 16. DO NOT give verbal or written consent for invasive procedures—refer the dental provider to the guardian or healthcare representative if individual cannot give own consent.
- _____ 17. Encourage the use of the least invasive procedures possible.
- _____ 18. Discuss whether there are any new diagnoses, orders or recommendations.
- _____ 19. Discuss the need for the dental provider to write new orders for medications, instructions for treatments or needed monitoring & any other recommendations or orders necessary for the management of the health issue on the provided healthcare visit/consultation form.
- _____ 20. Discuss the reason for any new medications & whether there are any special instructions related to the use of the medication including times to administer, methods of administration & anticipated side effects.
- _____ 21. Discuss when any new medications should begin.
- _____ 22. Ensure that any medications that are to be discontinued have specific orders for the discontinuation.
- _____ 23. Discuss whether any monitoring/observation is necessary & what would prompt a call or follow up appointment to the dentist.
- _____ 24. Discuss whether any follow up procedures or appointments are necessary.
- _____ 25. Inquire how the results of any tests will be obtained and/or communicated.
- _____ 26. Ensure all instructions, recommendations & orders are written on the healthcare visit/consultation.
- _____ 27. Read orders & recommendations back to the healthcare provider to ensure they are legible & understood.

Checking Out

____ 28. Schedule any follow up appointments, tests or procedures as ordered prior to leaving the office.

____ 29. Make arrangements for payment or reimbursement as needed.

Comments: _____

Staff Completing: _____ Date: _____

Outreach Services

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As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

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