

Dental Health Guidance for Parents and Caregivers of

Children with Autism Spectrum Disorder

As partners, you, your child's dentist, and doctor can make sure your child with special needs has the best dental health possible. Together you can make a difference!

Scheduling a dental appointment

All children should have their first visit to a dentist 6 months after the first tooth comes into the mouth, or by 1 year of age (whichever comes first).

Ask your child's doctor or nurse to help you find a dentist. You can also get information from your Local Health Department/District. They may be able to tell you the name of a dentist for your child.

Some people find it helpful to know what to say when calling the dental office to schedule an appointment. Here are some ideas.

Hi, my name is _____

I am calling to schedule an appointment for my child _____

My child has special needs. My child has _____

Are you the person I should speak with about my child's needs or is there someone else available in your office I can speak with?

My child does best when _____

My child is afraid of _____

My child will feel more comfortable in your office if _____

Ask questions related to your child's specific physical circumstances (For example: Are there stairs? Is there an elevator? Is parking next to or inside the building?)

In the past, my child had a successful dental visit when _____

In the past, my child had a hard time at the dentist when _____

Thank you.

Before dental appointment

- If you are fearful or anxious at the dentist, have a family member or friend take your child to the dentist appointment. Ask the dentist if you can bring your child to see the dental office before the date of the dental appointment.
- Talk to your child about going to the dentist. Use words your child will understand and a positive or neutral tone of voice. Avoid using terms like "shot" and "drill". Sometimes pictures or books help to explain what will happen.
- Offer suggestions to the dental office to help create a successful visit. Be clear and specific about what will help your child at the appointment. Share past dental experiences, positive and negative ones, with the office staff.
- Make the dental appointment for a time of day that is best for your child, if possible.
- Tell the dental office the name of your child's doctor's office or clinic.
- Let the dental office know that it may take longer to treat your child.

Children with Autism Spectrum Disorder continued

Day of dental appointment

- Bring a list of all medicines your child takes, including vitamins, herbal, and mineral supplements.
- Share with the dental staff the most successful way to talk or communicate with your child. Tell the dental office your child may want to hold your hand or a stuffed animal.
- Tell the dental office things your child might do and the best way to deal with how he or she may act. Suggest things that make your child feel good.
- Let the dental office know if your child is more sensitive to bright lights, sounds, being touched or other stimuli.
- Ask for help about different teeth cleaning ideas that will make taking care of your child's teeth at home easier.
- Bring a list of any questions you may have about your child's teeth.
- Tell the dentist you would like to talk about any treatment before it is done.
- Ask whom you should call, or where you should go, if your child has a dental problem and the dental office is closed.

Keeping teeth and gums healthy

- Ask the dentist and dental hygienist all questions you have so together you can help improve the health of your child's teeth and gums.
- Ask your doctor or nurse for prescriptions without sugar to help prevent tooth decay (also called "cavities"). Use "over-the-counter" medicines that do not have added sugar.
- Encourage your child to rinse with water after taking medications that may cause "dry mouth". A dry mouth can make it easier for your child to get tooth decay.
- Know what is normal in your child's mouth. Lift the lips away from the teeth for a better view of your child's teeth and gums. Look often.
- Follow a daily plan to take care of your child's teeth: brush teeth twice a day with fluoride toothpaste. Have your child drink fluoridated water. Use any aids recommended by the dentist or hygienist to keep teeth and mouth clean. Be cautious about the use of a power toothbrush as it may be too stimulating for your child.
- If your child doesn't like a toothpaste flavor or foam, it may be helpful to try different toothpastes until you find one your child likes. If your child does not like foam from toothpaste, choose toothpaste that does not contain "Sodium Laurel Sulfate."
- Avoid offering your child sugary snacks and drinks (juices, pop) and avoid using them as rewards. Look at labels on food products for words ending in "ose" such as "fructose" and "sucrose" and limit their use.
- Do not share utensils, cups and toothbrushes with your child to avoid passing the bacteria which can cause tooth decay. If your child uses a pacifier, do not dip the pacifier in honey or sugar and clean with water only.
- Do not serve juice in sip cups, just in open cups. If you need to put a child to bed with a bottle, fill it with water only.
- If your child knocks a tooth out, attempt to place the tooth immediately back into the socket and seek professional dental care. If you are unable to replace the tooth, put it in cold milk and proceed immediately to the dentist.
- Use seat belts, stair gates, bike helmets, and mouth guards to prevent injury to the teeth and face.
- Bring your child to the dentist for preventive visits as recommended based on your child's risk for getting tooth decay. Ask the dentist for dental "sealants" and fluoride treatment to protect your child's teeth from tooth decay.

These actions will help to prevent tooth decay (cavities) in your child.

Additional information: [Special Needs Fact Sheets for Providers and Caregivers](#)





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Dentistry for Children & Young Adults

Diplomate, American Board of Pediatric Dentistry

Fellow, American Academy of Pediatric Dentistry

Fellow, International College of Dentists

Fellow, Pierre Fauchard Academy

Dental Intake Form: Autism

Patient Name: _____

Parent/Guardian _____

Phone Number: _____

Parent/Guardian _____

Medical Information

Describe the nature of your child's disability:

Is he/she currently taking any medication? Yes No

If yes, what medications:

Has your child ever had seizures? Yes No

If yes, date of last seizure:

Describe the type of seizure:

Does your child have any allergies? Yes No

If yes, please list:

Does your child wear a hearing aid? Yes No

If yes, please explain:

Does your child have any other physical challenges of which the dental team should be aware?



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Oral Care

Has your child visited the dentist before? Yes No

If yes, please describe:

Has your child had dental treatment before? Yes No

If yes, please describe:

Has your child had dental x-rays before? Yes No

Please describe your child's at-home dental care:

What type of toothbrush does your child use?

Does your child floss? Yes No

How does your child brush? Independently With Assistance

What are your dental health goals for your child?

How often does your child snack during the day and on what types of foods?

Communication & Behavior

Is your child able to communicate verbally? Yes No

Are there certain cues that might help the dental team?

Are there any useful phrases or words that work best with your child?

Does your child use non-verbal communication? Yes No

Please check any of the following that your child uses: Mayer Johnson Symbols Sign Language

Sentence Board or Gestures Picture Exchange Communication System

Will you be bringing a communication system with you? Yes No



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Behavior/Emotions

Please list any specific behavioral challenges of which you would like the dental team to be aware:

Please feel free to bring objects that are comforting and/or pleasurable for your child to any dental visit

Sensory Issues

Please list any specific sounds to which your child is sensitive:

Does your child prefer the quiet? Yes No

Is your child more comfortable in a dimly lit room? Yes No

Is your child sensitive to motion and moving (i.e. the dental chair moving up and down or to a reclining position)? Yes No

Please explain:

Does your child have any specific oral sensitivities (gagging, taste, etc.)? Yes No

Please explain:

Is your child more comfortable in a clutter-free environment? Yes No

Please provide us with any additional information that may help us to prepare for a successful dental experience: