



## Acclimation Program Information

We have developed our Acclimation Program to meet the individual emotional, physical, and mental needs of our special needs and high anxiety patients. Recognizing that this population of children need extra time to acclimate to a new environment and experience, the World of Smiles Team has created a non-threatening and graduated environment to emphasize the positive aspects of dentistry. Your child will be welcome to visit our office as many times as are necessary to ensure they feel comfortable and secure in their environment.

The Acclimation Program Fee is \$95.00 for three formal visits and as many informal visits are necessary. As this program is new in its inception, it is not something currently covered by dental or medical insurance plans. Exam, fluoride, x-ray, prophylaxis (cleaning), and any other treatment performed by the dentist or dental assistant are not included in the Acclimation Program Fee and can be billed to your dental insurance plan at the time services are performed. All Program Fees are due at the time of the first scheduled visit to our office.

**Play Time Visit** – This visit is a scheduled time for your child to come and experience our PlayRoom. Children can experience the turtle tank and bearded dragon cage, can look at books or magazines, or play with the area toys. During their visit, a designated dental assistant will come out to the PlayRoom and introduce herself to you and your child, and may read a short story about visiting the dentist. Families are welcome to stay for as long as they like, and stop in for as many informal visits as they feel are necessary before proceeding to the Comfy Room Visit. At the end of their visit, your child will go home with their own World of Smiles, Pediatric Dentistry Story & Coloring Book.

**Comfy Room Visit** – Within a week of the PlayTime Visit, we recommend scheduling the second stage of our Acclimation Program. This 20 minute visit will begin in our PlayRoom, setting the stage for a transition through the door to the clinical office. At the appointed time, our dental assistant will invite you and your child to our Comfy Room. This special room has been sound-proofed to deaden outside noise for those children who are sensitive to auditory interference, and a fun beanbag pillow chair awaits with soft plush toys. Many of our children that are unable to complete a Big Kid Visit are able to sit through a lap-to-lap exam and fluoride treatment in this setting. During the Comfy Room visit, your child is allowed to explore the small room, and a special stuffed StarSmilez® animal with its over-sized teeth, toothbrush, and mirror will help acclimate them to the dental exam process. Each child will go home with their own dental exam mirror and hand-flosser to practice with at home before the big day!

**Big Kid Visit** – This third step in our Acclimation Program transitions a child from experiencing the Comfy Room to our big kid dental chairs. Soft pillow pets wait to greet your child as they sit, and for children that love Disney movies, they can experience lying back and engaging in another world. Their dental assistant will show them the various instruments that are used during this time using the Tell-Show-Do method. This may be enough for some children, while other children are now ready to proceed with a simple exam and cleaning. We will always strive to follow a child's cues and abilities to complete only what they are ready to handle. At this visit, you and the doctor will evaluate your child's needs; whether another simple visit should be scheduled, or whether a child is now ready to experience their New Patient Visit. The New Patient visit, which generally includes an exam, cleaning, x-rays if needed, and a fluoride treatment, is not included as part of the Acclimation Program Fee and can be billed to your dental insurance plan.

# Acclimation Program Questionnaire

Please fill out the following questions to help us partner with you and your child in the best way possible at their upcoming appointments. When finished, please fax, mail, or email to our office PRIOR to your child's scheduled visit. We will also need a complete Medical Health History for your child which has been included with this packet. Question? Please call us at 503-626-9700!

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

*Please contact me with my preferred method:*

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_ Best time: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

What diagnosis has your child been given? \_\_\_\_\_

Is your child verbal or non-verbal? \_\_\_\_\_ Sensory sensitivities? \_\_\_\_\_

Are there any other medical concerns? \_\_\_\_\_

What treatments is your child currently undergoing? \_\_\_\_\_

What specialists or offices is your child currently working with?

Office Name: \_\_\_\_\_ Dr. \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Office Name: \_\_\_\_\_ Dr. \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Office Name: \_\_\_\_\_ Dr. \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Has your child visited a dental office in the past? (    ) Yes      Date of last visit: \_\_\_\_\_ (    ) No

(If yes) What was your child's experience like at their last dental visit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is ***your child's*** stated concern or fear of visiting the dentist? \_\_\_\_\_

\_\_\_\_\_

What is ***your concern*** or fear regarding your child's dental visit? \_\_\_\_\_

\_\_\_\_\_

\*Is your child in any pain at this time? ( ) Yes Area of mouth: \_\_\_\_\_ ( ) No

\*Do you see any visible cavities or areas of concern? ( ) Yes Area of mouth: \_\_\_\_\_ ( ) No

\*Has your child had any swelling in their mouth that you are aware of? ( ) Yes Area of mouth: \_\_\_\_\_ ( ) No

***\*If you answered yes to any of the above questions, your child may not be a candidate for our Acclimation Program and may need to be treated immediately to avoid any long-term health concerns. Please contact our office for more information.***

Is there a history of caries (cavities) in your immediate family? ( ) Yes ( ) No

What would you like our office to know about your child? (favorite hobbies, toys, music, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations for this program? \_\_\_\_\_

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