VanSmile
Sensory-Friendly Dental Hygiene Clinic
GENTLE CARE FOR EVERY SMILE

Pre-Visit Questionnaire

Please complete what you can. You may skip any question or discuss it with the hygienist at your visit.

This form helps us prepare for your visit. It is for anyone attending the PAFN clinic; no diagnosis is needed. The client, caregiver, or support person may complete it.

About you

Client's full name

Name you would like us to use

Date of birth (YYYY-MM-DD)

Appointment date (if known)

Appointment type

- ☐ Familiarization visit
- ☐ Dental hygiene appointment
- ☐ Teeth whitening
- ☐ Other

Person completing this form

Relationship to client (if applicable)

Health and dental background

Is there a medical condition, allergy, medication, or recent health change we should know about before your visit?

Current medications (you may attach a medication list)

What dental concern or goal would you like us to know about?

How have past dental visits been for you? What helped or made things harder?

Share only what you feel comfortable sharing. Please tell us about urgent dental pain when booking.

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Comfort and Communication Preferences

Your answers help us plan a visit that is more comfortable and predictable for you.

Are any parts of a dental visit uncomfortable for you? Select all that apply.

- ☐ Sounds (equipment, voices, music)
- ☐ Bright lights or visual surroundings
- ☐ Smells or tastes
- ☐ Touch, water, suction, or items in the mouth
- ☐ Reclining, keeping still, or chair position
- ☐ People nearby or personal space
- ☐ Other

What may help you feel more at ease? Select all that apply.

- ☐ Explain each step before beginning
- ☐ Let me know before touching or placing items in my mouth
- ☐ Offer breaks; agree on a signal to pause
- ☐ Noise-cancelling headphones or music
- ☐ Dimmer lighting or an eye mask
- ☐ Weighted or heated blanket
- ☐ A fidget item
- ☐ A caregiver or support person present
- ☐ Extra time to process or respond
- ☐ Something else

Communication preferences

I communicate best by: ☐ Speaking ☐ Writing ☐ Gestures or visuals ☐ Communication device

If you need a pause, how would you like us to know?

Is there anything else that would help us prepare for your visit?

Thank you for sharing what works for you.

Your information will be used to help plan your care and handled in accordance with VanSmile's privacy practices. Please return this form to dental@vansmile.ca or bring it with you to the appointment.

Questions? Call or text 778-986-1178, or contact dental@vansmile.ca.