

Outreach Services of Indiana

DENTAL APPOINTMENTS CHECKLIST: INITIAL CONTACT

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.

- _____ 1. Have insurance, guardianship and medical/surgical/dental history information, and reason for appointment needed prior to calling the healthcare provider.
- _____ 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement (Group home, DD Waiver, etc).
- _____ 3. Explain need of an appointment and describe the reason for the appointment including if in pain or dental emergency.
- _____ 4. Explain special needs such as behavioral issues, anxieties, phobias, prophylactic antibiotics, etc.
- _____ 5. Provide insurance information and discuss whether the practitioner accepts that insurance.
- _____ 6. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney or wheelchair, or the need for limited waiting or an early morning appointment.
- _____ 7. If necessary request that the dental office provide a prescription for or call in to the pharmacy the appropriate prophylactic antibiotics for the individual.
- _____ 8. Inquire whether the provider is able to provide verbal and written recommendations and instructions/copy of office note at each appointment and provide input to the individual's team members as needed.
- _____ 9. Inquire what type of written information is to be brought to the appointment, including need for consent for treatment.
- _____ 10. Inquire whether any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.

Comments: _____
