



DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (1/3)

Indicate whether a condition is applicable to a person with SHCN seeking oral health care in either the "Y" column or the "N" column. This assessment form can help the practitioner and parent/caregiver to better understand factors that contribute to the patient's dental treatment needs. Categorization of routine, moderate, or complex is based on preponderance of factors. Clinical judgment is still needed to determine the final decision to treat or refer the patient to alternate care, if available. This assessment tool attempts to be generally inclusive and is not intended to evaluate specific oral health conditions or emergency oral health treatment options.

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

GENERAL INFORMATION

Form completed by: _____ Date completed (DD/MM/YY): ____/____/____

LEGAL GUARDIAN / PERSON WITH LEGAL CONSENT CONTACT INFORMATION

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

PARENT/CAREGIVER CONTACT INFORMATION (if different from above)

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

PERSON RESPONSIBLE FOR ARRANGING PATIENT APPOINTMENTS (if different from above)

Name: _____ Relationship to patient: _____

Address: _____

City: _____ Postal code: _____

Cell #: _____ Home #: _____ Email: _____

Preferred method of contact: Cell Phone | Home phone | Email

DENTAL INSURANCE PLAN

Private insurance: _____ Government insurance: _____



DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (2/3)

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

Level of Complexity	Communication	Y	N	Comments
Routine	Good communication between patient, caregiver and the dental team			
Routine	Some difficulty in communication, but can overcome			
Moderate	Patient/caregiver cannot speak English/French; May need interpreter			
Moderate	Patient has mild learning difficulty			
Moderate	Patient has limited verbal communication due to age or other underlying conditions			
Complex	Non-verbal patient; Multiple communication aids required			
Complex	Patient has moderate learning difficulty			
Complex	Patient has severe communication difficulty; Only limited communication possible			

Level of Complexity	Behaviour	Y	N	Comments
Routine	Patient will accept hygiene appointments, restorative treatments and simple extractions with local anesthetic (LA)			
Moderate	Full examination and regular cleanings possible with additional support and/or behaviour facilitation techniques			
Moderate	Patient requires multiple desensitization/acclimatisation visits to accept treatment			
Complex	Only limited examination possible			
Complex	Patient will accept limited restorative care with difficulty and/or physical restraint			
Complex	Patient shows aggressive behaviour			
Complex	Patient requires general anaesthetic, sedation or other advanced management techniques to accept treatment			

Level of Complexity	Medical History	Y	N	Comments
Routine	Medical history non-contributory with no significant relevance to dental treatment (ASA 1-2)			
Routine	Patient is able to manage medication and appointments independently			
Moderate	Unable to get the medical history at first appointment, further information required			
Complex	Medical or psychiatric status complex and/or unstable, affecting the provision of dental treatment (ASA 3-above)			
Complex	Multidisciplinary appointment needed for medical reasons			
Complex	History of abuse or neglect			
Complex	Potentially COVID-19 positive, or at increased risk of a respiratory infection during an outbreak			



DENTAL TREATMENT CASE COMPLEXITY ASSESSMENT FORM (3/3)

Patient Name: _____ DOB (DD/MM/YY): ____/____/____

Level of Complexity	Dental History/Treatment Needs	Y	N	Comments
Routine	Stable/healthy oral environment; Good oral hygiene and home care			
Routine	Patient has dental home			
Moderate	Patient unable to brush/floss effectively, dependent on others			
Moderate	Oral Hygiene and oral function compromised due to malocclusion or oral pathology			
Moderate	Patient doesn't use fluoride or other preventive sources (Xylitol, CHX, CPP-ACP)			
Moderate	Cariogenic diet/sugar containing medication resulting in high caries risk			
Moderate	Bleeding disorders			
Moderate	Low salivary flow (Medications, Sjogren's syndrome, etc.)			
Complex	Developmental problems (Hypoplasia, MIH, AI,DI, OI, etc.) with symptoms or post-eruptive breakdown			
Complex	Children with craniofacial developmental anomalies			
Complex	Oral defensive; Access to oral cavity restricted			
Complex	G-Tube feeding and patients with eating disorders (obesity, anorexia, bulimia, etc.)			
Complex	High risk for dental caries and/or periodontal problems due to underlying medical/behavioural condition			
Complex	Severe bruxism or other habits (severe attrition, abfraction and erosion)			

Level of Complexity	Access to oral care/Barriers	Y	N	Comments
Routine	Patient can access dental services without additional accommodations			
Moderate	Access to dental care compromised due to financial problems			
Moderate	Patient who fails to attend, or cancels at short notice, more than once in a course of treatment; Compliance problems			
Moderate	Patient requires quiet environment/needs a separate space from other patients in waiting room			
Complex	Patient requires specialized equipment for dental appointments (e.g. ambulance, hoist, wheelchair tilt, slide board)			
Complex	Patients needs to be seen in hospital setting			

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