

PRE VISIT QUESTIONNAIRE

We are excited to get to know you at Go Smile!



Name: _____

Birthdate: _____

Preferred Name: _____

Guardian: _____

Service Animal: _____

Preferred Language: _____

ABOUT ME

How I spend my Days _____ School _____ Day Program _____ Home

Preferred Method of Communication: _____ Verbal _____ Pictures _____ Sign Language

I need the following assistance with Oral Care: _____

Strengths: _____

Interests/ Things that Make Me Happy (breaks, reinforcement, coping tools etc):

Words or Things that Make Me Upset (light, noise, fragrance etc): _____

Words or Things that Calm Me Down: _____

Behavioral Information: _____

Favorite Snacks & Drinks: _____

Eating Challenges/ Allergies: _____

Other Info it would be helpful to know: _____

Please return to MyTooth@GoSmileGroup.com.. Thank you!!

Please return to MyTooth@GoSmileGroup.com or bring to 5745 Park Blvd, Pinellas Park FL