



DR LOGAN WILSON, DMD

Board Certified

Pediatric Dentist

BERKSHIRE PEDIATRIC DENTISTRY

77 Elm Street
Pittsfield, MA 01201
413-442-0122

Pt Name: _____

Date of Birth: _____

If your child has an Autism Spectrum Disorder, please help us make this the best experience possible for him/her by answering the following questions:

How would you describe your child's ASD: Mild Moderate Severe Don't Know

How does your child communicate?

- | | | | |
|--|------------|----------------|---------------|
| • <i>Language understanding</i> | Limited | Some | Most |
| • <i>Speech</i> | Non-Verbal | Limited Verbal | Highly Verbal |
| • <i>Complies with simple instructions</i> | Rarely | Sometimes | Usually |

What activities can your child complete on their own:

Restroom Bathing Dressing Hair brushing Toothbrushing

Is your child sensitive to any of the following:

Loud Noises Bright Lights Unfamiliar smells Unfamiliar Tastes

What reward system works best for your child? _____

Has your child had any negative experiences with a doctor or dentist: No Yes

If yes, please explain: _____

What can we do to make this visit easier for your child? _____

Does your child express any concerns about aspects of his/her teeth or mouth? No Yes

If yes, please explain: _____

Is there anything else you would like us to know about your child? _____

Thank you!