

BEHAVIOR MANAGEMENT INFORMED CONSENT

A visit to the dental office presents the young child with lots of new and unfamiliar experiences. It is completely normal for some children to react to these new experiences by crying. All efforts will be made to gain the confidence and cooperation of our young patients by warmth, humor, gentle understanding and friendly persuasion. High quality dental care for children is our goal. Quality care can be made very difficult or even impossible, by the lack of cooperation. Behaviors that can interfere with proper dental treatment are hyperactivity, resistive movements, refusing to open the mouth or keep it open, and even aggressive or physical resistance to treatment. Aggressive or physical resistance to treatment can be screaming, hitting, kicking and grabbing the dentist's hands or grabbing our sharp dental instruments.

There are several behavior management techniques that are used in our office to help children get the quality dental care they need. Let us tell you about them:

- A. TELL-SHOW-DO is the use of simple explanations and demonstrations, geared to the child's level of maturity.
- B. POSITIVE REINFORCEMENT is rewarding the helpful child with compliments, praise, and a prize.
- C. VOICE CONTROL is getting the attention of a noisy child by using kind but firm commands and varying tones of voice.
- D. PHYSICAL RESTRAINT BY THE DENTAL TEAM. With an active and noisy child, it is sometimes necessary for a dental team member to restrain the child's movement by holding the head, arms, hands or legs. The dentist may restrain the child's head by stabilizing it between arm and body. An assistant may sit next to the child and hold hands to keep them from grabbing tools in the dentist's hand. If the child resists further, the assistant will sit in the chair with the child's legs across her lap and cross one of her legs over the child's to minimize movement.

Please initial for consent to physical restraint by dental team: Date: _____ Intl: _____

Beyond these techniques, a child with disruptive behavior may need dental treatment with sedation or treatment in a hospital. We do not offer this option but will give referrals to someone who does if you should choose that option.

I have read and understand this information on behavior management. I understand that dental treatment for children includes efforts to guide their behavior by helping them understand the treatments in terms appropriate to their age. If any treatment other than the above is needed, it will be discussed with me before beginning such treatment. I understand that I may refuse any or all of the above treatments or procedures. I can do this by drawing a line through the objectionable part and writing my initials next to the portion to which I refuse to consent.

This consent will remain in effect unless withdrawn in writing by the person who has signed on behalf of this minor patient.

PATIENT'S NAME

PATIENT'S DATE OF BIRTH

PARENT/ GUARDIAN NAME *(please print)*

RELATIONSHIP TO PATIENT

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE

WITNESS SIGNATURE