

**Department of Developmental Services**

**Considerations for Pre-Sedation for Medical/Dental Care  
For Review by the HRC**

<b>Date:</b>	
<b>Name:</b>	<b>DDS #</b>
<b>Address:</b>	
<b>Agency:</b>	
<b>Medication(s) Prescribed (include dose):</b>	

**1. History**

Briefly describe the individual’s past responses to medical tests/dental procedures. Include responses, techniques utilized other than medication use.

- Utilization of familiar staff
- Familiar mode of transportation
- Positive supports
- Consultants who are familiar to the individual
- Family/friend, circle of support
- Other desensitization/de-escalation techniques

Describe:

**2. Medical/Dental Care (Check all that apply)**

- Annual physical exam
- Medical Procedures
- Routine Dental exam
- Other desensitization techniques (list below)
- Lab work
- X-Rays
- Dental procedures
- Medical Consultations
- Diagnostic procedures


**3. Consent for Pre-Sedation (Attached)**

- Documents reviewed at the annual or quarterly planning meeting

\_\_\_\_\_  
Completed by: Signature

\_\_\_\_\_  
Title