

APPENDIX F MEDICAID BEHAVIOR MANAGEMENT REPORT

Date of Service: _____

Recipient Name: _____

Recently, this child was seen in our dental office. Because of the misbehavior of the child during the dental visit, he/she could not have been worked on without behavior management techniques. The child exhibited the following behavior during his dental treatment:

- | | | |
|--|---|---|
| <input type="checkbox"/> Crying or Fearful | <input type="checkbox"/> Defiance | <input type="checkbox"/> Thrashing around |
| <input type="checkbox"/> Hitting or kicking | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Grabbing instruments |
| <input type="checkbox"/> Difficulty getting into chair
Will not lean back
Will not stay in chair | <input type="checkbox"/> Uncooperative (due to physical or mental impairment) | |

Verbal communications were insufficient in accomplishing our goals and behavior management techniques had to be employed with _____.
(Child's First Name)

Techniques used to manage the behavior:

- Tell-show-do
- Positive reinforcement or abnormal amount of time consumed
- Required two or more personnel to assure safety of child and staff
- Papoose or Pedi-wrap

Other Comments:

PROVIDER NAME

DATE