

**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/her dental treatment:

___ Crying or Fearful

___ Defiance

___ Thrashing around

___ Hitting or kicking

___ Apprehensive

___ Grabbing instruments

___ Difficulty getting into chair ___ Uncooperative (due to physical or mental impairment)

Will not lean back

Will not stay in chair

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