

**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**