

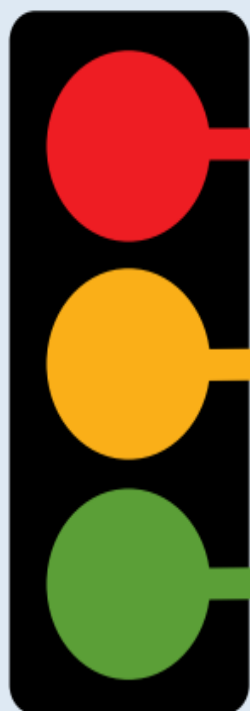
My Dental Passport

Name:

Date of Birth:

I Like to be called:

Dental staff please look at my passport before you do any interventions with me.



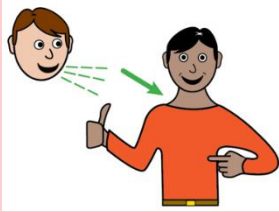
Things you **must** know about me

Things that are **important** to me

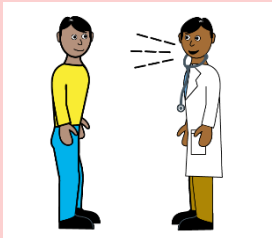
My **likes** and **dislikes**



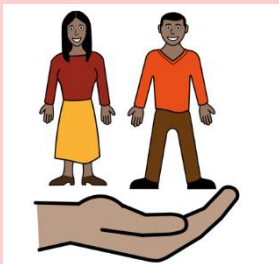
Things **you must** know about me:



How I communicate:



How you should communicate with me:



**People who are important to me:
(who supports me)**

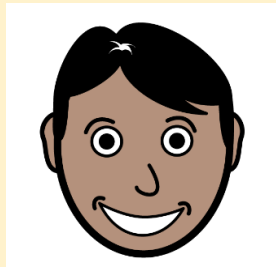


**What I do when I'm having pain from my
mouth or teeth:**

Things that are **important** to me:



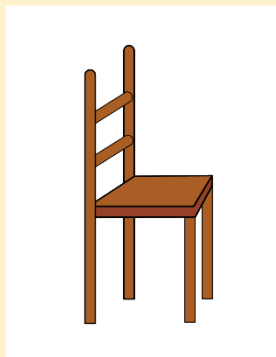
How I feel when I go to the dentist:



Things that help me feel relaxed and calm at the dentist:



Things that make me unhappy at the dentist:



How I like to be seated at the dentist (e.g. do I mind the chair moving while I am on it):

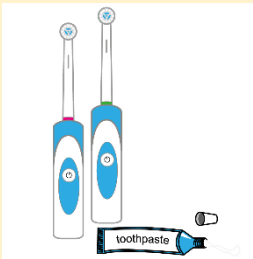
Things that are **important** to me:



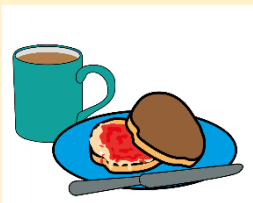
Dental treatment I have had before and how I found this:



The first signs I may show if I am unhappy or anxious and what you can do to help me:



My tooth brushing routine:



Drinks and snacks I like between meals:

My likes and dislikes:



Things I like:
Please do these things



Things I dislike or find difficult:
Please don't do these things



Anything else I would like my dentist to know: