

My Dental Care Passport



For users: This passport is unique to you. Please fill out all information that you think is important.

For my dentist or healthcare provider: This is key reading for all staff working with me. It gives important information about how I can be supported when visiting your clinic. This passport should be kept visible and used when you talk to me or have a question about me.

Please check the box that applies:

- I completed this form myself I completed this form with help from someone else

This form was completed with help from:

Name:

Phone:

E-mail:



ABOUT ME

My name is:

I like to be called:

Nickname if you have one.

I am: Male Female Transgender Male Transgender Female
 Variant/Non-conforming Not listed _____

My preferred pronoun is:

He She They Ze Not listed _____ No preference

Where I live right now:

For example: supported living; in my own home; in my family home.

What type of disability/ies I have:

Primary:

Secondary:

This is the best person to contact for more information about me or if I need help:

Name:

Role:

Contact phone number:

Other health professionals that might be helpful to contact:

Please list name, role, and contact phone number.



MEDICAL HISTORY

The dental team will ask you more about this when you visit them. It is important to know about your physical and mental health to take care of you safely. You will be asked about your health history every time you visit the dentist. This will include any changes in the medicines you take.

My brief medical history:

Include other conditions such as a seeing disability, hearing disability, diabetes, epilepsy, asthma, depression as well as past serious illnesses or operations, and other medical issues.

These are the medicines I take now and how they help me:

Please list all prescription and non-prescription medications.



DENTAL HISTORY

My last visit to a dental office was:

Check one.

Within the last 3 months 6 months 1 year Over a year ago Never

When I last visited the dentist, the dental team understood me as a person and my specific needs. YES NO

Please explain:

When I had dental care in the past, I needed help to stay calm?

YES NO

Please explain:

Did this include being given medicine before or at the dental visit?

This is often called sedation. For example: nitrous oxide/gas, pills to help you stay calm, I.V. sedation, general anesthetic in a hospital. YES NO

If yes, describe what was used, if known.

This medicine made my dental visit easier. YES NO

How I react to dental or medical procedures:

For example: usual response to shots, IV's, examinations, x-rays

My best visit to the dental office was when:

Share things that DID work well.

My worst visit to the dental office was when:

Share things that DID NOT work well.

Here are the questions and/or worries I have about my teeth and mouth:

Taking care of my teeth and mouth:

I need help when cleaning my teeth YES NO

I clean my teeth 2 times a day 1 time a day every week
 less than every week

When I clean my teeth:

Please list all the things you/a helper do when cleaning your teeth.

For example: I use a power toothbrush with fluoride toothpaste for 2 minutes, we use floss one time a day.

I wear dentures. False teeth I put in and take out. YES NO

It is hard for me to care for my teeth. YES NO

If yes, please explain:

These are the things I need to be comfortable in a dental chair:

Please check all that apply.

Support for: neck back arms knees feet

Sit up in dental chair (cannot tolerate a reclined position)

Supportive stabilization security wrap

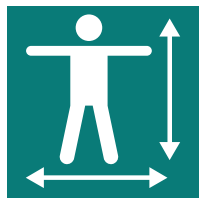
A weighted blanket

Stabilization support for spasms

I do better when dental staff provide my care:

from behind me in front of me does not matter

If I start to choke, here is how you can help:



MOBILITY

I use these aids to help me move:

You can help me move by:

For example: assistance needed to get into dental chair, go to the restroom.



COMMUNICATION & BEHAVIOR



Ways that I prefer to communicate with people:

Check all that apply.

- Talk to me directly.
- Give me time to process the questions.
- I have a speech impairment and can be difficult to understand.
- It takes time to form my words so please be patient.
- Other: _____

I communicate using:

For example: speech, preferred language, sign language, communication devices or aids, pictures, non-verbal sounds. Also state if extra time/support is needed.

Here are visual or verbal cues that will be useful to know about me:

Here are the ways I communicate some things:

Worried; scared; angry:

Yes; Okay; I understand:

No; I do not understand:

Other: _____

On most days, I would describe myself as:

Check all that apply.

- Happy Quiet Nervous Other:
 Sleepy Loud Angry

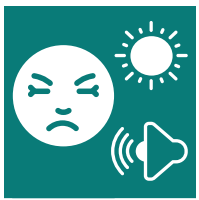
These are the things I do sometimes that may be hard or dangerous:

For example: limb movements that may strike your hand when holding a dental tool

These are some things that can help me relax:

Check all that apply.

- Earphones to block out noise
 Eye covers to block light and activities
 An object that helps me feel relaxed/secure
For example: fidget spinner, security blanket
 Other: _____



SENSITIVITIES

These are some things that can upset me:

Check all that apply.

- Smell – office, perfume, cologne
 Sounds – music, drill, phones, voices, clock
 Sight – lights, overhead arm, mirrors, shiny tools
 Positions – chair height and tilt, being “still,” lying flat
 Closeness – people, water, light, x-ray machine
 Touch/Temp –gloves, air, gauze, water, suction, room/water temperature, toothbrushing
 Texture – toothpaste, gauze, cotton, metal
 Pressure – seeking or aversion
 Taste – gloves, toothpaste, fluoride

OTHER THINGS YOU MIGHT NEED TO KNOW ABOUT ME

My hobbies and interests are:

Please list any hobbies or interests.

Please use this space for any further information.