

# My Dental Passport

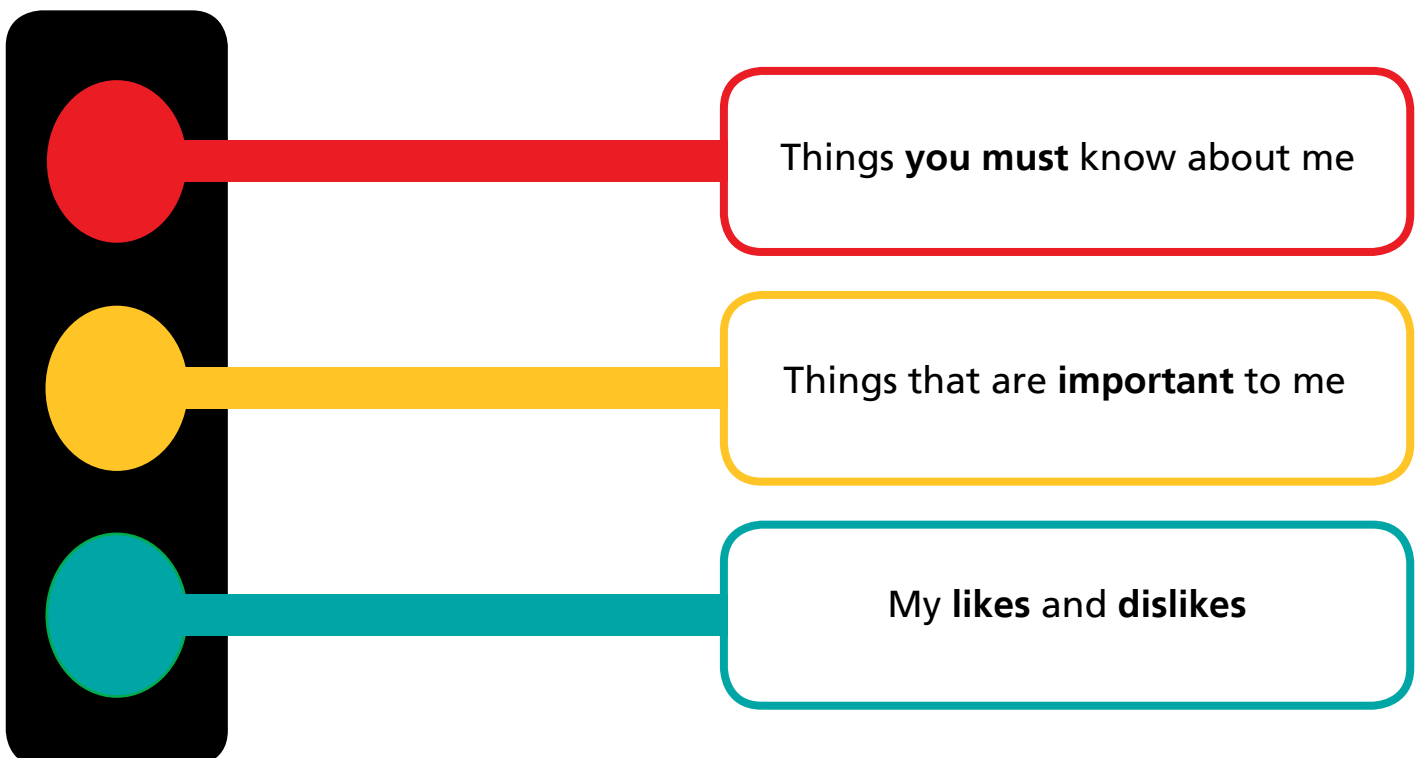
**My name is:**

**I like to be called:**

If I have to go to the dentist this book needs to go with me. It gives dental staff important information about me. It needs to be with me and a copy should also be put in my notes.

**This passport belongs to me. Please return it when I leave.**

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



Date of birth



Address



Telephone



This is how I tell  
people how I feel



Family contact



Relationship



Address



Telephone



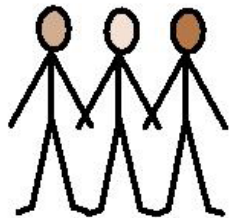
My support  
needs and who  
gives me the  
most support



Religion



Religious needs



Ethnicity



Doctor  
(GP address)



Telephone



Other services  
and professionals  
involved with me



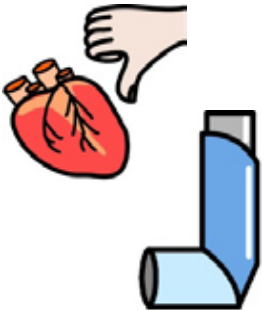
Allergies

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Risk of choking  
when eating,  
drinking or  
swallowing

Empty rounded rectangular box for notes.



My heart or  
breathing  
problems

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Medical  
interventions  
(How to take my  
blood, blood  
pressure, give  
injections)

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My current medication

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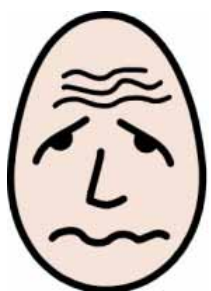
Operations and illnesses I have had

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How I feel about the dentist

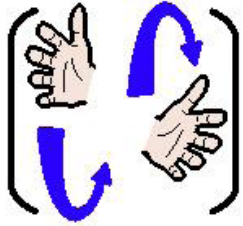
Empty rounded rectangular box for notes.



What to do if I'm worried or upset

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# Things that are important to me



How to communicate with me (such as speaking, signing, pictures)



How I take medication (such as tablets, injections, syrup, blister packs, support)



How to tell if I am in pain



Problems with  
my sight and  
hearing

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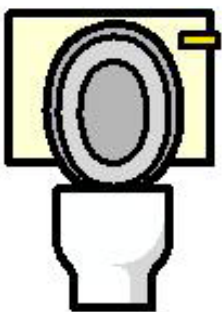
How I move  
around (such as  
walking aids,  
posture in bed)

Empty rounded rectangular box for notes.



What support  
is best for me  
(keeping me  
safe)

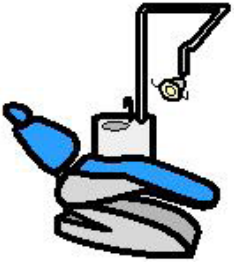
Empty rounded rectangular box for notes.



How I use the  
toilet (such as  
continence aids,  
help to get to  
the toilet)

Empty rounded rectangular box for notes.





How I like to be seated when at the dentist (such as my own wheelchair or if I am unable to lie on my back)



How I find anaesthetics (injections, gas and air)



How I have reacted to fillings and other dental treatments in the past



How I behave at the dentist and what to do to help me

# Things you must know about me

## Things I like

Like what makes me happy, things I like to do such as watching TV, reading, music and my routines

## Things I don't like

Shouting, some kinds of food and being touched.

### Things I like



Please do these things

### Things I don't like



Please don't do these things

# Following my visit to the dentist

## What's changed?

About my teeth, oral hygiene and support needs?

## What do I need now?

To make sure my changed needs around my teeth, oral hygiene or support are met? (Eg ask receptionist to make sure I have another appointment booked if necessary, and written in a format I understand)

This Dental Passport is based on original work by Gloucester Partnership NHS Trust, and subsequent work by Walsingham.

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