



My Dental Passport

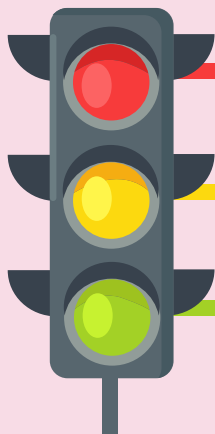
My name is:

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



**Mouth Care
Matters**

NHS

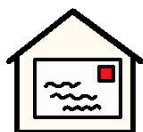
NHS England and NHS Improvement



Things you must know about me



Date of birth



Address



Telephone



This is how
I tell people
how I feel

.....

.....

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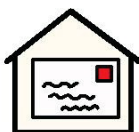
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Family contact



Relationship



Address



Telephone



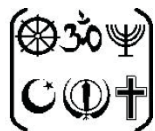
**My support
needs and who
gives me the
most support**

.....

.....

.....

.....



Religion



Religious needs



Ethnicity



Doctor
(GP address)



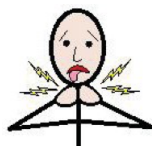
Telephone



Other services
and professionals
involved with me



Allergies



**Risk of choking
when eating,
drinking or
swallowing**



**My heart or
breathing
problems**



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



**My current
medication**



Operations and illnesses I have had

.....

.....

.....



Operations and illnesses I have had

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What to do if I'm worried or upset

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Notes

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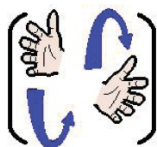
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Things that are important to me



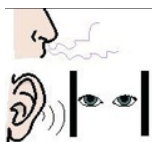
How to communicate with me (such as speaking, signing, pictures)



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



How to tell if I am in pain



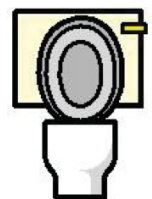
**Problems with
my sight and
hearing**



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



**What support
is best for me
(keeping me safe)**



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



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)

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.....

.....

.....



How I find anaesthetics (injections, gas and air)

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.....



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

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.....



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

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.....

.....

.....

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

This image shows a blank sheet of white paper with horizontal dashed lines for writing. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Things I don't like



Please don't do these things

[illegible]

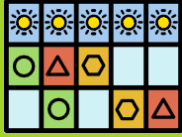
Following my visit to the dentist

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)



My mouth care routine



Name:



Date:



Support required



Where?



I brush my teeth at:



My toothpaste



My toothbrush



Dietary advice

Consider advice from other healthcare professionals involved e.g. dieticians



I like to:



Additional mouth care advice:

Example: John likes when you use the Brush DJ app whilst he is brushing and sing along.

e.g. dry mouth care



Mini Mouth Care
Matters



NHS England and NHS Improvement



This Dental Passport is based on original work by Gloucester Partnership NHS Trust, and subsequent work by Walsingham and has been adapted with permission by NHS England & Improvement for use as part of the Mini Mouth Care Matters Initiative in Special Education Settings. Images used are from Widgit Software.