

My Dental Passport

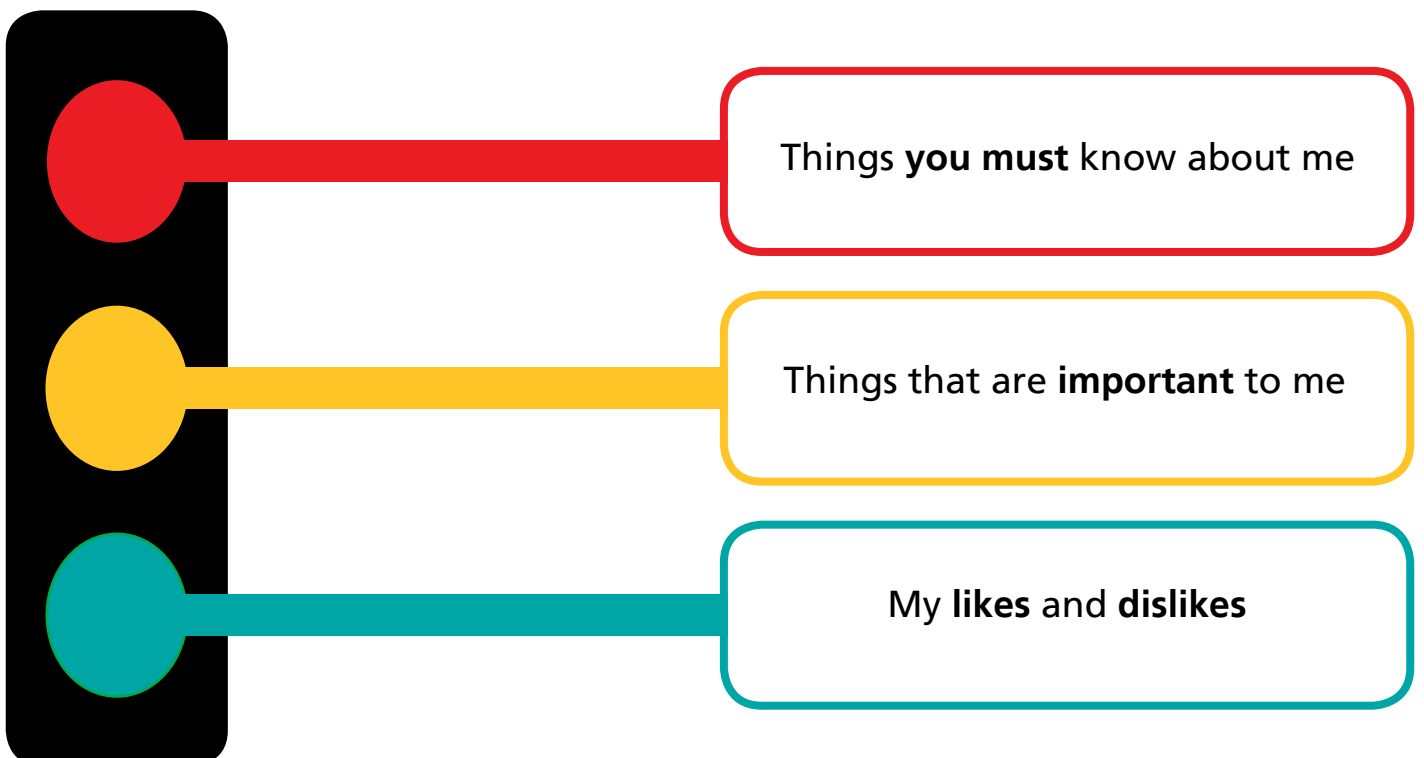
My name is:

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



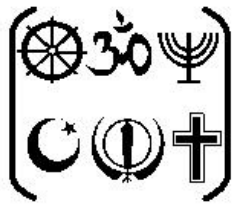
Address



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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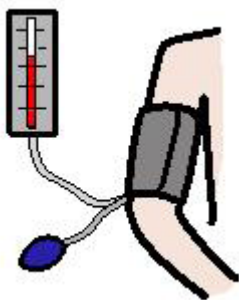
Risk of choking
when eating,
drinking or
swallowing

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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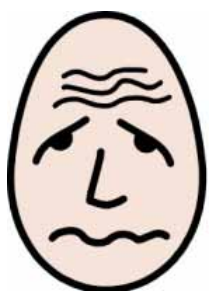
Operations and illnesses I have had

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How I feel about the dentist

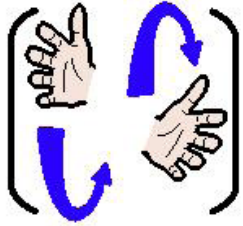
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What to do if I'm worried or upset

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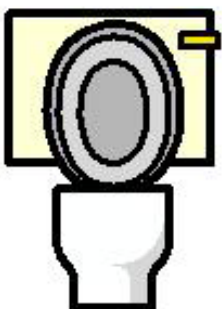
How I move
around (such as
walking aids,
posture in bed)

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.

For further information please contact:

Julie Chapman Julie.chapman@solent.nhs.uk

Kym Anderson Kym.anderson@southernhealth.nhs.uk

Sarah Peckham Sarah.peckham@solent.nhs.uk