



My Dental Passport



Replace with photo of person if possible; if not delete this box

My name is

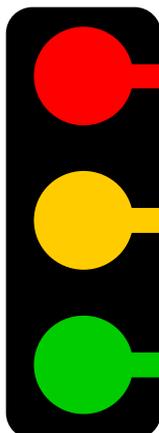
I like to be called

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

Things **you must** know about



Church

Religion

Religious needs



Mosque

Ethnicity



GP Surgery

Doctor (GP)

Address



Telephone



Other services and professionals involved with me



Allergies



Risk of choking when eating, drinking or swallowing

Things **you must** know about



My heart or breathing problems

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



My current medication

Things **you must** know about



Operations and illnesses I have had



How I feel about the dentist



What to do if I am worried or upset

Things that are **important** to me



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

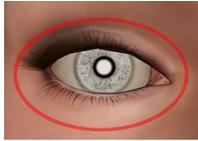


How I take medication (such as tablets, injections, syrup, blister packs, support)



How to tell if I am in pain

Things that are **important** to me



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)

Things that are **important** to me



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

Like shouting, some kinds of food and being touched.

Things I like



Please do
these things

Things I don't like



Don't do
these things

Completed by:

Date:

Review date:

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?

(E.g. ask receptionist to make sure I have another appointment booked if necessary, and written in a format I understand)

For more information about this dental passport, please contact the Cumbria partnership NHS Community Learning Disability Health team on 01229 404550. SP021

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