



# My Dental Passport

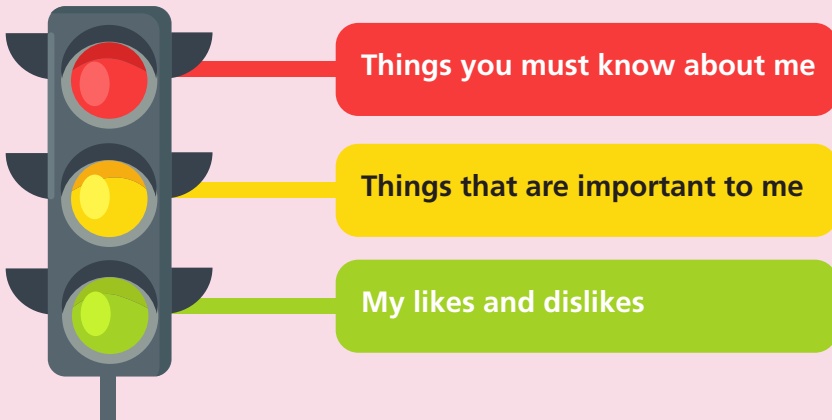
**My name is:** .....

**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



Date of birth .....



Address .....



Telephone .....



This is how  
I tell people  
how I feel

.....  
.....  
.....  
.....



**Family contact** .....



**Relationship** .....



**Address** .....



**Telephone** .....

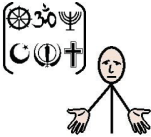


**My support  
needs and who  
gives me the  
most support**

.....  
.....  
.....  
.....



**Religion** .....



**Religious needs** .....



**Ethnicity** .....



**Doctor** .....  
**(GP address)** .....



**Telephone** .....



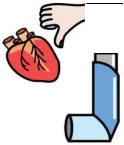
**Other services** .....  
**and professionals** .....  
**involved with me** .....



**Allergies** .....



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



**My heart or  
breathing  
problems** .....



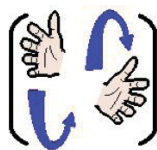
**Medical  
interventions  
(How to take  
my blood, blood  
pressure, give  
injections)** .....



**My current  
medication** .....



# Things that are important to me



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

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

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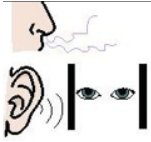
How to tell if I am in pain

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**Problems with  
my sight and  
hearing**

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

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

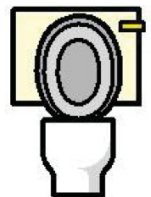
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**How I use the  
toilet (such as  
continence aids,  
help to get to  
the toilet)**

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**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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# Following my visit to the dentist

## What's changed?

About my teeth, oral hygiene and support needs?

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## 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)

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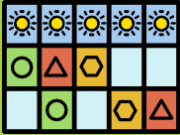
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# My mouth care routine



Name:

.....



Date:

.....



Support  
required

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.....  
.....



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 to listen to the Brush DJ app

e.g. dry mouth care

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 for use as part of the Mini Mouth Care Matters Initiative in Special Education Settings. Images used are from Widgit Software.

