

My Dental Passport

My Dental Passport has been developed with staff and service users so that the Dental team can get to know a bit about you before your visit. The Dental Healthcare team would like to make your visit as comfortable as possible, so please complete as many or as few of the questions below as you need to and return it at least 72 hours before your visit. Please return it one of the following email addresses depending on your area:
Cambridgeshire - ccs.scdadmin@nhs.net
Suffolk - ccs.dhcs@nhs.net

1) About me

My name is:	
I like to be called:	
My date of birth is:	

Tick the box next to the person who looks after you.

- Parent ☐
- Carer ☐
- Relative ☐
- Friend ☐
- Support worker ☐
- No-one ☐
- Other ☐

Communication – Talking, listening, reading and understanding

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| I speak English and understand English being spoken to me | ☐ | ☐ |

My preferred language is:

- | | | |
|----------------------------|--------------------------|--------------------------|
| | Yes | No |
| I will need an interpreter | ☐ | ☐ |

The way I like to communicate best is:

- To write things down ☐
- British Sign Language (BSL) ☐
- Sign other (please specify) ☐

- Using an E-Tran frame ☐
- Using pictures ☐
- Using Makaton ☐

Using symbols (please specify) ☐

By gesture ☐

By touch ☐

Using a Voice Output ☐

Communication Aid (VOCA) ☐

Another way ☐

When I am not at the dentist, I am usually (you could write sleepy, quiet or cheerful for example)

How do you react to new or different places? (you could write nervous, relaxed or excited for example)

Tell us if you need help moving around
Tick the box next to the option that best describes your mobility

I don't need help to move around

☐

I have some difficulty, but don't use a walking aid

☐

I use a mobility scooter

☐

I use a motorised wheelchair

☐

I use a manual wheelchair

☐

I use a walking frame or rollator

☐

I use a walking stick or crutch

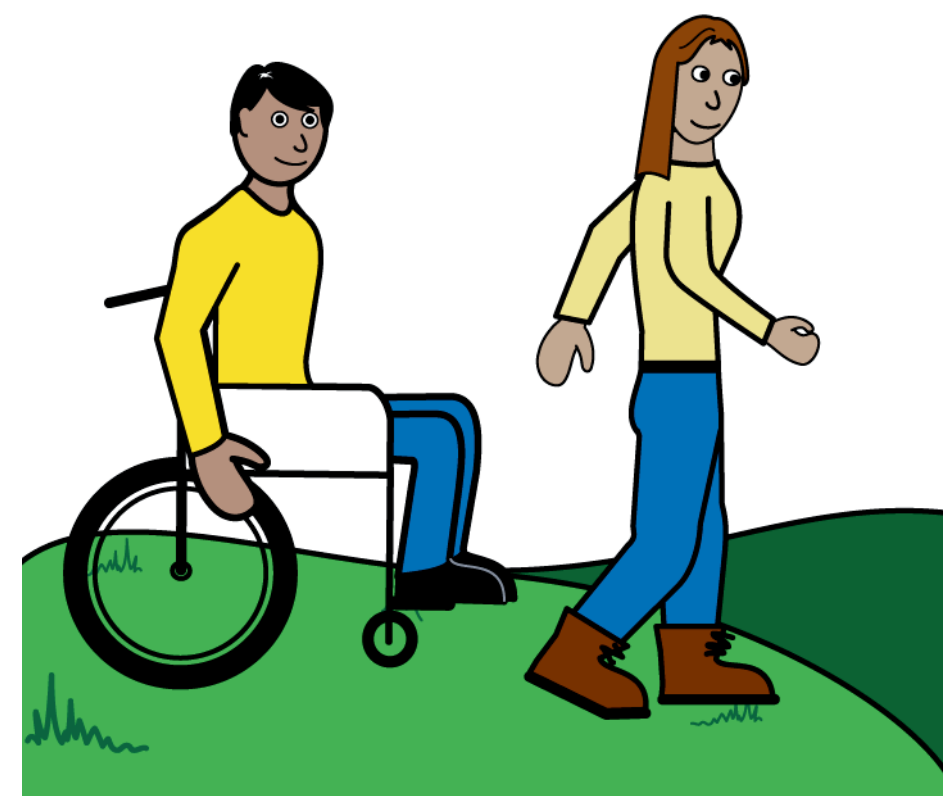
☐

I use a knee scooter

☐

Other

☐



Tell us how you react to certain things and if your reaction is low, medium or high

	Low	Medium	High
Light			
Noise			
Touch			
Pain			
Smell			
Taste			
Motion			

Tell us about the things you like (this could be watching TV, painting, drawing, dancing or reading for example)



Tell us about the things you don't like (this could be loud noise, lots of people or being touched for example)

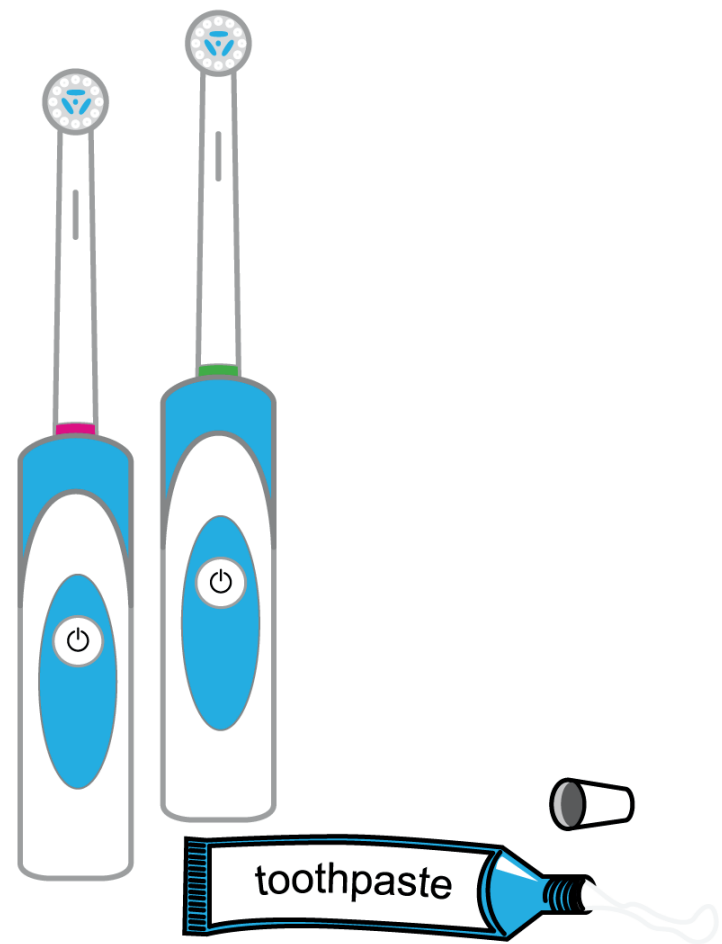


2) My oral health and diet

The health of your mouth and teeth and the food and drinks you have

How are you with brushing your teeth?

- I don't need help to clean my teeth☐
- I need some help☐
- I need a lot of help☐
- Other☐



Do you have any behaviours that can affect your teeth

- Sucking your thumb☐
- Chewing hard objects☐
- Grinding your teeth☐
- Clenching your jaw☐
- I don't like the flavour or texture of toothpaste☐
- Brushing makes you gag☐
- Other☐

Write down some things that you like to eat and drink regularly

Do you have any issues with eating and drinking?

- I can eat and drink without any problems☐
- I need to have my food cut up☐
- I need to have liquidised food☐
- I have a feeding tube☐
- I have a drip☐
- Other☐



Do you use special equipment for eating or drinking?

- Yes☐
- No☐

If you have answered yes, please write down what special equipment you use

Is there a risk you may choke when eating or drinking?

- Yes☐
- No☐

Tell us about your eating management plan and if you need to sit in a certain position to eat safely.

Visiting the dentist

How do you feel about visiting the dentist? - Tick the face that best describes how you feel



☐



☐



☐

How do you express how you feel?

How do you react to waiting and waiting areas

What would make you feel more comfortable whilst waiting?

How do you like to be seen by the dentist

- I like to be seen in the dentist chair☐
- I like to stay in my own wheelchair (assisted with wheelchair platform)☐
- I cannot lie back☐
- I am happy to lie back☐
- Other☐

How do you show that you are in pain?

How do you react to the following sounds and things?

- Drills (sound and smell)
- Rubber gloves
- Anaesthetics

How have you reacted to fillings and other dental treatment in the past?

Visiting the dentist

How can we support you if you are feeling anxious or upset? (you could write “play music” or “talk to me” for example)

How can we support you with your medical treatment?

What might make your visit to the dentist more comfortable?
