in partnership with you to support their oral health in a way that feels safe and empowering.

Dental Passport

This passport helps us get to know your child better, so we can provide a dental experience that is positive, comfortable, and tailored to their unique needs. This allows our dental team to work in partnership with you to support their oral health in a way that feels safe and empowering.

Child's full name: _____ Child date of birth: _____

Parent full name: _____ Parent contact phone: _____

BRUSHING

Frequency, challenges, routine?

DIET

Dietary restrictions, likes & dislikes, textures, concerns

COMMUNICATION

For example: Therapist to use short words & directions but no questions.

SENSITIVITIES

How can we support your child with their sensitivities

KNOWING YOUR CHILD

Restrictions, likes & dislikes, comfort items, concerns

PHYSICAL

Physical impairments or behaviours

PLAN FOR DENTAL CARE

Please describe your requests for how we approach visits & any adjustments you'd like, for example: s*ocial visit first, wait in the car etc.*

Please bring along anything that might help to comfort your child at their appointment, for example: sensory tools, weighted blanket

Please return this form to: dental@huttvalleydhb.org.nz before your teleconsult.

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