

A REASON TO SMILE



My Booklet



This is your Dental Health Booklet.



This book is for you to fill in information about your dental health and what support you need to have a healthy mouth.



You don't need to fill in all the pages but it will help your Dentist, Doctor, Nurse and Carers if you fill in as many pages as you can.



You can ask someone you trust to help you.



You should take this book with you when you go to the dentist or into hospital.



You should also take it with you when you go on holiday or if you stay away from home.

This is me, I am called:

Put a picture in here...



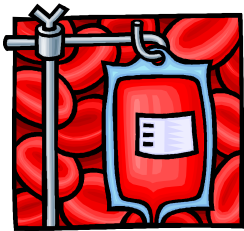
The year I was born is:

My phone number is:

ALL ABOUT ME



My NHS Number is:.....



My Blood Group is:.....



A person I trust, that I would like you to phone in an emergency is:.....



Their phone number is:.....

MY DENTIST



My Dentist's name is:



My Dentist's address is:

.....

.....



My Dentist's phone number is:

I have an advance
Statement/decision
(this says what treatments
I do not want)



I do not have an
advance statement/decision



MY DOCTOR



My Doctor's name is:



My Doctor's address is:

.....

.....



My Doctor's phone number is:

ALL ABOUT ME



I need help making choices and giving consent:



Yes

☐

No

☐

The person I want to help me make these choices and make decision for me is:.....



My religious and cultural beliefs are:

.....

ALL ABOUT ME

My Allergies



Asthma	
Hayfever	
Latex	
Elastoplast	
Other	

My Allergies



Nuts



Milk



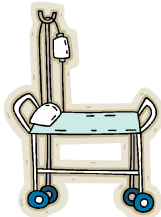
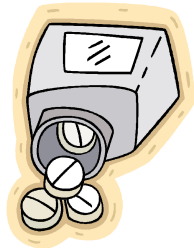
Eggs



Wheat

Other

My Allergies









Penicillin	
Asprin	
Ibuprofen	
Local Anaesthetic	
Other	

ALL ABOUT ME

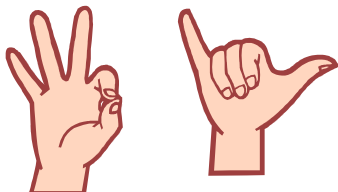







I use these things to Communicate



Talking			Symbols		
Writing			Communication Board/ Book		
Photos			Communication Aid		

I use these things to Communicate










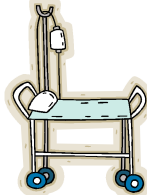


My Hand Signs			Objects		
Pointing			Leading People		
My Eyes			My Body		
My Face			Sounds		





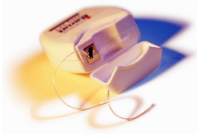
ALL ABOUT ME

My Teeth



I have my own teeth 			I have dentures 		
When I have a Check up I am...			When I have treatment I am...		
					
In the past I have needed:					
Sedation 			General Anaesthetic 		

What I use to look after my mouth...

Special fluoride toothpaste		
An electric toothbrush		
A normal toothbrush		
Mouthwash		
Other		

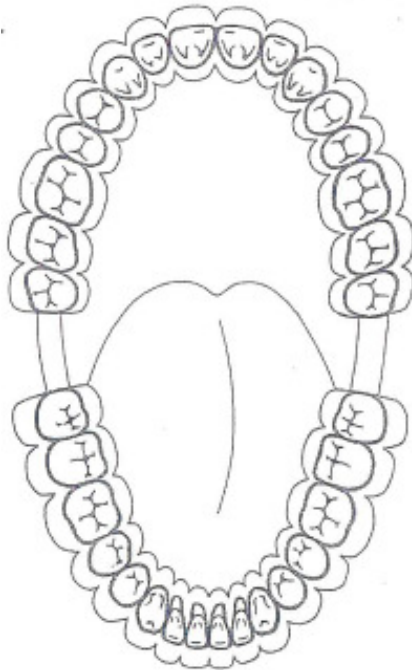
My Teeth

The coloured areas are where I need to brush better

Please see my care plan



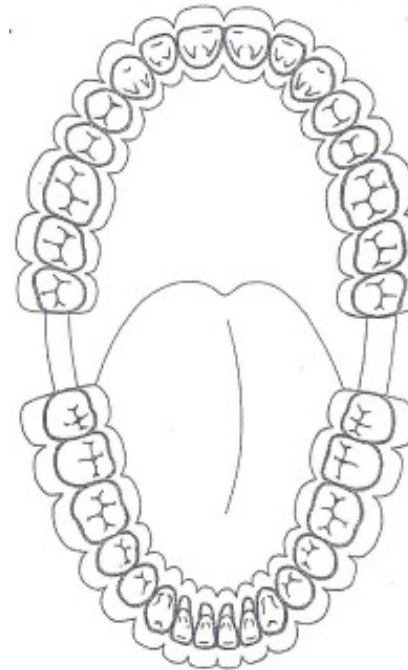
Upper



Lower



Upper







Lower

DATE: _____

DATE: _____

Eating and Drinking



I get fed by a tube (gastrostomy) please see my care plan		
I have no problem with eating and drinking		
I have a reflux problem		
I have a care plan Dated:		

What support I need to look after my teeth, mouth and gums



<p>I look after my teeth myself. Please ask me if everything is ok</p>			<p>Hand over hand help from my carer</p>		
<p>I need my carer to prompt and encourage me</p>			<p>I need my carer to look after my mouth</p>		
<p>I do some of my own mouth but I need my carer to finish it</p>		<p>Other help</p>			
<p>Other information, for example like and dislikes when at the dentist:</p> <div data-bbox="212 1193 636 1358"> </div>					

**I have a plan which helps me become used to
being touched on my face and mouth**



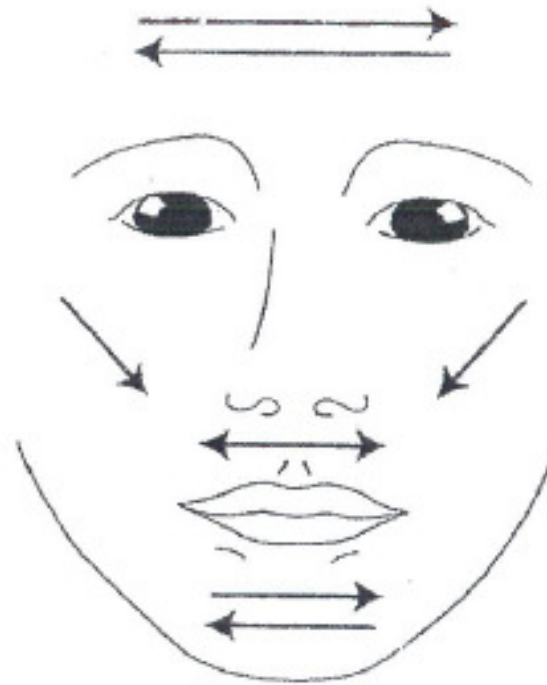
YES

☐






(Please see my desensitisation plan)








NO

☐






Health Action Plan

 DATE	 What's the problem?	 What are we going to do about it?	 Who is going to help?	 Date of next appointment






Health Action Plan

 DATE	 What's the problem?	 What are we going to do about it?	 Who is going to help?	 Date of next appointment

Health Action Plan

 DATE	 What's the problem?	 What are we going to do about it?	 Who is going to help?	 Date of next appointment

Health Action Plan

 DATE	 What's the problem?	 What are we going to do about it?	 Who is going to help?	 Date of next appointment



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Carmarthenshire Public Health Team

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