







Dental Information card

<i>Name:</i>		<i>Important things to know about me</i>	<i>My Picture</i>	<i>Medical Considerations</i>
<i>DOB:</i>				
<i>Carer's Name:</i>				
<i>Key Therapist:</i>				
<i>Key Therapist contact details:</i>				

<i>All About Me</i>		
 <i>I like...</i>	 <i>I don't like...</i>	<i>When I'm upset, try....</i>
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<i>Please Consider the Following:</i>			
<i>Communication</i> 	<i>Meal Times</i> 	<i>Toilet</i> 	<i>Sensory</i> 

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About my previous dental visits



I liked...

•



I didn't like...

•



What procedures I've previously had done at a dentist

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What helped me get through my last dental appointment

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