



Getting to Know Me

Information for Your Child's Dental Office

Parents: Please fill out this form about your child. The information you give will help the dental office staff understand and meet your child's needs. Bring it with you to your child's dental appointment.

My name: _____ My nickname: _____ My age: _____

Name(s) of my parent(s): _____

When I'm at home, I speak (for example, English, Spanish): _____

When I'm not with my parents, these people take care of me:

- Grandparent Other relative Head Start program Other
 Brother or sister Babysitter Child care program

This is my first time at a dental office: Yes No

I expect this visit to be (for example, fun, a little scary): _____

Things that make me smile or feel good are (for example, toys, games, phrases): _____

My favorite foods and drinks are: _____

When I behave well, I like to get (for example, a smile, a hug, praise): _____

The best way to help me when I'm feeling shy, scared, or unsure is to (for example, hold my hand, give me a hug, tell me I'm doing a good job): _____

My family has questions about helping me take good care of my mouth and teeth. Their questions are: _____

This tool was adapted, with permission, from Isman BA, Newton RN with Bujold C, Baer MT. 2000. *Planning Guide for Dental Professionals Serving Children with Special Health Care Needs*. Los Angeles, CA: University of Southern California, University Center for Excellence in Developmental Disabilities, Children's Hospital Los Angeles.



ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
Early Childhood Health and Wellness