

**PATIENT INFORMATION CARE  
PREFERENCES SHEET FOR  
DENTAL CARE**

**EVERY SMILE MATTERS  
NEVADA**



**ID/DD Oral Health Project- Every Smile Matters Campaign**

This Care Preferences Sheet can be filled out at home ahead of a dental visit and taken with you, or emailed ahead of time, and given to your oral health care visit. Please fill in the blanks and add any information you think will be helpful in making your dental visit a good one.

*My name is:* \_\_\_\_\_

*I like to be called (nickname if any):* \_\_\_\_\_

*I am \_\_\_\_\_ years old. I work at/attend school at (if applicable) \_\_\_\_\_*

*My favorite things to do in my free time (hobbies, etc.) are \_\_\_\_\_*

*Today I am here by myself \_\_\_\_\_ OR I have someone here supporting me and their name is \_\_\_\_\_ and they are my (circle parent/guardian/family member/friend/care provider).*

*For information about how to prepare for a dental visit, tips and videos that can help make a visit successful, and information fact sheets for families and providers, please visit [www.everysmilemattersnevada.org](http://www.everysmilemattersnevada.org)*

## What Helps Me Have A Successful Visit:

I do best when people who care for me talk to me (fill in favorite topics, things I like, or things will help me feel calm, any communication preferences such as using a calm voice or giving me lots of information about what will happen during my visit, explaining what each instrument does, etc.)

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Things that are stressful for me at a dentist appointment are (fill in any words or activities or environmental elements that make me stressed, things are challenging for me to do or any tactile aversions I have, specific aspects of a dental visit that have been difficult in the past)

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What helps me be comfortable and cooperative for dental appointments include: (fill in any lifting or mobility supports you might need, whether you like or do not like physical comfort such as something to hold during treatment, wearing headphones or listening to music, keeping the light out of your eyes, letting you feel the instruments before they are used, or providers using soft voices or a calm manner or providing a lot of information about what they are doing, or using a lot of positive reinforcement)

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Is there anything else you would like your provider to know to help you have a great dental visit?