## What is The Inclusive Healthcare Partnership Project?

The creators of the Inclusive Healthcare Partnership Project (IHPP) believe that everyone should have the tools they need to support their own health. This includes health information that is easy to understand. It also means that healthcare providers are prepared to work with patients with a wide range of disabilities.

IHPP has two goals. First, to create plain language health information designed by and for people with developmental disabilities. Second, to help nurses, doctors, and other providers communicate effectively with neurodiverse patients.

**Want to learn more about this health topic? Want to view our sources?**

**Scan this QR Code or visit: http://www.ihppvt.org**

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Created by the Vermont Developmental Disabilities Council.

Inclusive Healthcare Partnership Project

# My Dental Health Passport

**Please prepare and share this information with your dentist.**

Created by the Vermont Developmental Disabilities Council.

Inclusive Healthcare Partnership Project

## How To Use This Passport

You can use The Dental Health Passport to help communicate information to people who work at your dentist's office.

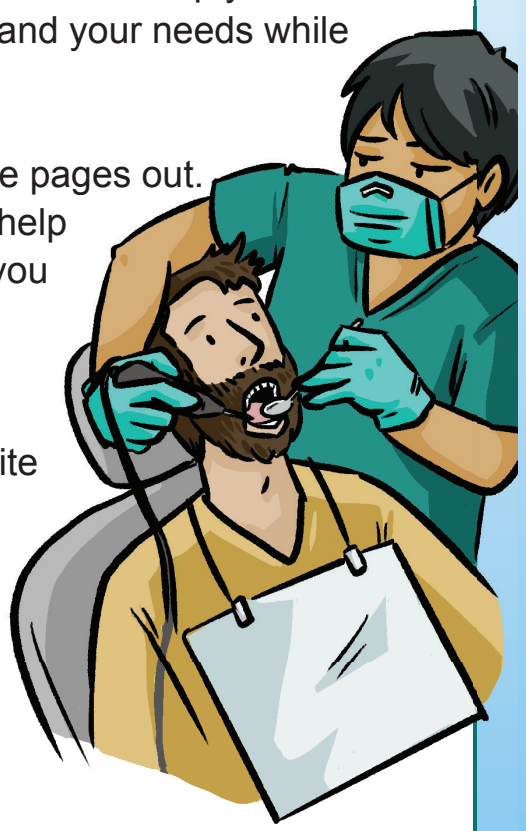
These are some questions that your dentist, the oral hygienist, and receptionist may ask you. You can use this document to write down the answers before your appointment.

There are also questions that can help your provider to better understand your needs while at a dental appointment.

Take your time filling these pages out. Ask a support person for help filling this passport out if you need to.

Visit this webpage to download a black and white version that you can print out at home:

www.ihppvt.org/worksheets/dental-health-passport



## Additional Comments For My Provider

*E.g. Questions about other concers, medication, activities, etc.*

## My Sensitivities

**These are some things that can upset me:**

- ☐ Smell *(office smell, perfumes, cologne)*
- ☐ Sounds *(music, drill, phones, voices, clock)*
- ☐ Sight *(lights, overhead arm, mirrors, shiny tools)*
- ☐ Positions *(chair height and tilt, being "still", lying flat)*
- ☐ Closeness *(people, water, light, x-ray machine)*
- ☐ Touch/Temp *(gloves, air, gauze, water, suction, room/water temp, toothbrushing)*
- ☐ Texture *(toothpaste, gauze, cotton, metal)*
- ☐ Pressure *(seeking or aversion)*
- ☐ Taste *(gloves, toothpaste, flouride)*

**These are some things that can help:**

- ☐ Earphones to block out noise.
- ☐ Eye cover to block light and activities.
- ☐ An object that helps me feel relaxed / secure.

  *(e.g. fidget spinners, security blanket)*
- ☐ Other: _____

## About Me

My full name is: _____

I like to be called: _____

My pronouns are: _____

I am a person with *(down syndrome, cerebral palsy, etc.)*: _____

_____

Date of Birth: _____

Communication Preferences *(eg. Interpreter, etc.)*:

_____

_____

***You have the right to privacy. If you are over 18, you may not have to complete the next section.***

I have a legal guardian: ☐ Yes ☐ No

If you selected yes, what is their name?:

_____

Is there anyone else that you would like your doctor to talk to about your health? ☐ Yes ☐ No

If you selected yes, what is their name?

_____

What is their relationship to you?

_____

## My Daily Life

I live with _____

_____

I have recently moved: ☐ Yes ☐ No

My work status:

☐ Employed ☐ Not employed ☐ Student

☐ Full Time

☐ Part Time

My job is: _____

_____

Location: _____

I get around by *(walking independently, using a power or manual wheelchair, walking with an assistive device, etc.)*:

_____

_____

Any change in how I get around?
*(please describe)*:

_____

_____

_____

_____

## During My Visit

**Things I need to be comfortable in a dental chair:**

Support for: ☐ Neck ☐ Back ☐ Arms ☐ Knees ☐ Feet

- ☐ Sitting up in dental chair
- ☐ Supportive stabilization security wrap
- ☐ A weighted blanket
- ☐ Stabilization support for spasms

**I do better when dental staff provide my care:**

☐ From behind me ☐ In front of me ☐ Does not matter

**If I start to choke, here is how you can help:**

_____

## My Communication

**Ways that I prefer to communicate with people**

- ☐ Talk to me directly.
- ☐ Give me time to process the questions.
- ☐ It takes time to form my words so please be patient.
- ☐ Other:

**I communicate using:** _____

_____

**Visual/ verbal cues that will be useful to know about me:** _____

_____

## My Dental Care

**Questions and/or worries I have about my teeth and mouth:** _____

_____

_____

_____

**Taking care of my teeth and mouth:**

I need help when cleaning my teeth: ☐ Yes ☐ No

I clean my teeth: ☐ 2 times a day ☐ 1 time a day
☐ every week ☐ less than every week

**When I clean my teeth:**

*Please list all the things you do when cleaning your teeth.*

*eg: I use a power toothbrush with toothpaste for two minutes and floss once a day.* _____

_____

_____

_____

**I wear dentures:** ☐ Yes ☐ No

**It is hard for me to care for my teeth:** ☐ Yes ☐ No

*If yes, please explain:* _____

_____

_____

## My Medical/Surgical History

I have been diagnosed with *(diabetes, depression, etc.):* _____

_____

I have been hospitalized for *(bronchitis, an injury, etc.):*

_____

_____

I have had surgery for *(an injury, heart condition, tonsils, etc.):* _____

_____

## Medications I'm Taking

| Name | Dose | Freq |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# My Dental History

**My last visit to a dental office was:**
*(check one)*

Within the last ☐ 3 months ☐ 6 months ☐ 1 year

☐ Over a year ago ☐ Never

**When I had dental care in the past, I needed help to stay calm:**

☐ Yes ☐ No

*Please explain:* _____

_____

_____

_____

**This included being given medicine before or at the dental visit.** *(This is called sedation. This includes : nitrous oxide/gas, pills to help you feel calm, I.V. sedation, or general anesthetic in a hospital)* **:**

☐ Yes ☐ No

This medicine made my dental visit easier:

☐ Yes ☐ No

**How I react to dental or medical procedures:**

_____

_____

_____

_____

_____

**My best visit to the dental office was when:**
*(share some things that worked well)*

_____

_____

_____

_____

_____

**My worst visit to the dental office was when:**
*(share some things that did NOT work well)*

_____

_____

_____

_____