

Self-Management Goals for Parent/Caregiver

Patient Name _____

DOB _____



Regular dental visits for child



Family receives dental treatment



Healthy snacks



Brush with fluoride toothpaste at least 2 times daily



No soda



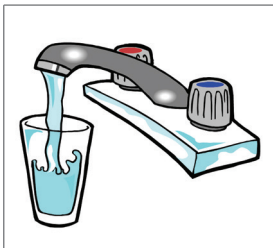
Less or no juice



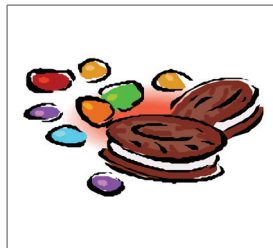
Wean off bottle (no bottles for sleeping)



Only water or milk in sippy cups



Drink tap water



Less or no junk food and candy



Use xylitol spray, gel or dissolving tablets

IMPORTANT: The last thing that touches your child's teeth before bedtime is the toothbrush with fluoride toothpaste.

Self-management goals 1) _____

2) _____

On a scale of 1-10, how confident are you that you can accomplish the goals? 1 2 3 4 5 6 7 8 9 10

Signature _____

Date _____

Practitioner signature _____

Date _____