



# 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.



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**CHILDREN & FAMILIES**



NATIONAL CENTER ON  
Early Childhood Health and Wellness