

Oral Health Self Management Goals for Parents/Caregivers

Patient Name _____

DOB _____

 <p>Regular dental visits for child</p>	 <p>Dental treatment for family</p>	 <p>Brush twice a day</p>	 <p>Brush with fluoride toothpaste</p>
 <p>Wean off bottle (no bottles for sleeping)</p>	 <p>Less or no juice</p>	 <p>Only water in sippy cups</p>	 <p>Drink tap water</p>
 <p>Healthy snacks</p>	 <p>Less or no junk food and candy</p>	 <p>No soda</p>	 <p>Use xylitol gum, spray, gel, or dissolving tablets</p>
<p>Important: The last thing that touches your child's teeth before bedtime is the toothbrush.</p>			

Self Management Goals: 1) _____

2) _____

3) _____

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

Parent/Caregiver Signature: _____

Practitioner Signature: _____

Adapted from Ramos-Gomez F, Ng MW. Into the future: keeping healthy teeth caries free: pediatric CAMBRA protocols. *J Calif Dent Assoc.* 2011 Oct;39(10):723-33. Visit www.aap.org/oralhealth for more information on children's oral health.