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 _____