

**ORAL HEALTH PASSPORT**

**BRUSHING**

Frequency, challenges, routine?

**DIET**

Restrictions, likes & dislikes, textures, concerns

**COMMUNICATION**

Communication style, signs of overwhelm/frustration? *E.G.. Therapist to use short words & directions but no questions.*

**STIMS & SENSORY NEEDS**

Anything that makes your child overwhelmed and/or they are drawn to (*sound, smell, touch, etc*). Stims?

**LIKES & DISLIKES**

Restrictions, likes & dislikes, concerns

**PHYSICAL**

Physical impairments or behaviours

**PLAN FOR DENTAL CARE**

Approach to dental care *e.g. Social visit first, wait in the car etc*  
Adjustments requested *e.g. please tell me before using something noisy, I would prefer if the lights are dimmed.*