

# MYDENTALCARE<sup>®</sup> PASSPORT

— GUIDING EVERY VISIT —

## TIPS FOR THE DENTAL OFFICE TEAM

My Dental Care Passport, also known as The Passport, is designed to help people with intellectual and developmental disabilities voice their individual needs.

### USE OF THE PASSPORT CAN:

- Improve the dental team-patient relationship
- Allow you to best prepare for an appointment before an individual enters the office
- Save time and resources
- Increase the chance of a successful visit



### DO NOT SHARE WITHOUT PATIENT CONSENT

My Dental Care Passport is unique to the patient and contains personal information and experiences. **It's not to be shared** with anyone outside of your dental office team, including other healthcare professionals, without the patient's permission.

## HOW DO YOU USE 'MY DENTAL CARE PASSPORT'?

- Share The Passport with patients before their first appointment via email or mail. Select a method that suits your office and the patient. Advise the patient, family or caregiver to complete and return the document to your office **BEFORE** the day of their appointment.
- All members of the staff who will interact with the patient should read the document before the appointment day arrives.
- Discuss the appointment as a team, develop a plan, and make any necessary adjustments to the office environment able to be made.
- When the patient arrives, review The Passport together and attach the document to patient records.
- Review patient's 'My Dental Care Passport' before the next visit.

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PASSPORT

**For users:** This passport is unique to you. Please fill out all information that you think is important.  
[You can find the Passport User Guide here.](#)

**For my dental team:** This is key reading for all staff working with me. It gives important information about how I can be supported when visiting your clinic. This passport should be kept visible and used when you talk to me or have a question about me. [You can find the Dental Team Passport User Guide here.](#)

**ABOUT ME**

**My name is:** \_\_\_\_\_  
I like to be called: \_\_\_\_\_

**My preferred pronoun is:**  
☐ He ☐ She ☐ They ☐ Not listed \_\_\_\_\_

**I am my own guardian.**  
☐ Yes ☐ No

**Please check the box that applies:**  
☐ I completed this form myself.  
☐ I completed this form with help from someone else.

**This is the best person to contact for more information about me:**  
Name: \_\_\_\_\_

AVAILABLE IN BOTH ENGLISH AND SPANISH AT:  
[WWW.PATHWAYSTOORALHEALTH.COM/MY-DENTAL-CARE-PASSPORT/](http://WWW.PATHWAYSTOORALHEALTH.COM/MY-DENTAL-CARE-PASSPORT/)



SCAN  
ME!

