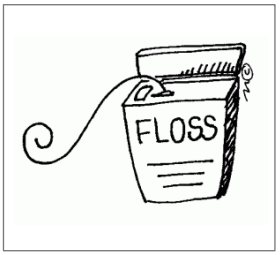
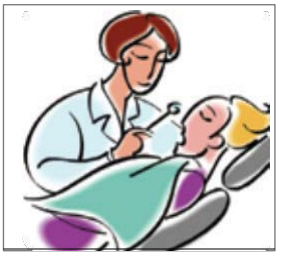
Self-Management Goals for Parent/Caregiver

Patient Name _____ DOB _____



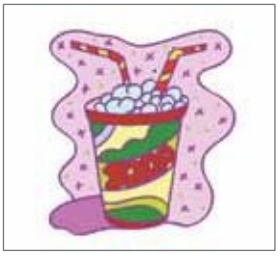
Flossing



Family receives dental treatment

Healthy snacks

Brush with fluoride toothpaste at least 2 times daily



No soda

Less or no juice

Wean off bottle/Breast Feeding
(No bottles/Breastfeeding for sleeping)

Only water or milk in sippy cups

Drink tap water

Less or no junk food and candy

Use xylitol wipes, spray, gel or dissolving tablets

Important: the last 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

Parent Signature _____ Date _____

Practitioner Signature _____ Date _____

9/5/17