

# 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 \_\_\_\_\_