



Self-management Goals

Patient Name: _____

Date: _____



Regular dental care



Eat more fruits, vegetables, milk and cheese



Brush with fluoride toothpaste



Drink tap water



Keep germs to yourself



Don't put baby to bed with a bottle



Wean baby off of bottle



Only water in a sippy cup



Drink more water, less juice and soda

What I want to do (my goals)

1. _____

2. _____

When will I do this: _____

How often will I do this: _____

How confident I am that I can accomplish this goal? 1 2 3 4 5 6 7 8 9 10
Not likely Definitely

My promise: I agree to these goals and understand that at future appointments I may be asked how I am doing with these goals.

Signed by: _____ Witnessed by: _____

Copy given to the patient Yes No Staff Initials: _____

Review Date: _____ Comments: _____ Staff Initials: _____

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