Self-management Goals

Patient Name: ___________________________ Date: ___________________________

1. Regular dental care
2. Eat more fruits, vegetables, milk and cheese
3. Brush with fluoride toothpaste
4. Drink tap water
5. Keep germs to yourself
6. Don’t put baby to bed with a bottle
7. Wean baby off of bottle
8. Only water in a sippy cup
9. 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: ___________________________

Review Date: ___________________________ Comments: ___________________________

Staff Initials: ___________________________