



# Self-management Goals

Patient Name: \_\_\_\_\_

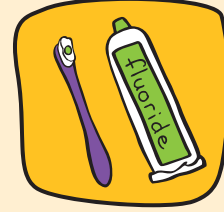
Date: \_\_\_\_\_



Regular dental care



Eat more fruits, vegetables, milk and cheese



Brush with fluoride toothpaste



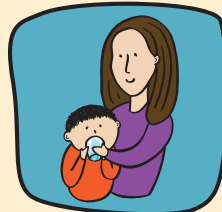
Drink tap water



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

Signed by: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Copy given to the patient  Yes  No Staff Initials: \_\_\_\_\_

Review Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Review Date: \_\_\_\_\_ Comments: \_\_\_\_\_ Staff Initials: \_\_\_\_\_