



ALL AMERICAN DENTAL  
UNITED WE SMILE

## Get to know me!

How I communicate:

How I feel pain:

My name:

My birthday:

My caregiver(s) name(s):

My medications and  
medical history:

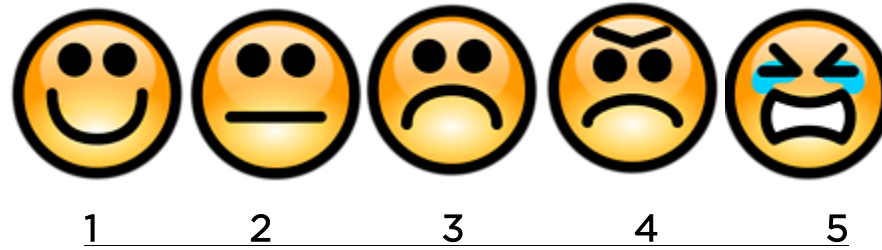
Things that help me be  
calm:

Things that upset me:

My favorite things:

Best way to communicate  
with me:

*This document gives our staff helpful information about your child so we can provide the best care possible.*



No Pain

Worst Pain



Point to where it hurts

What I need:

Food	Break	Toy	Drink	Bathroom
				