



## Head Start Oral Health Form—Children

### Patient Information

\_\_\_\_\_  
Child's name                      Date of birth                      Parent's/guardian's name                      Phone number

\_\_\_\_\_  
Address    City    State                      Zip code

This practice is the child's dental home:    Yes    No

### Current Oral Health Status

Does the child have any teeth with untreated decay?    Yes (decay)    No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions?    Yes    No

Are there treatment needs?    Yes, urgent    Yes, not urgent    No treatment needs

### Oral Health Care Services Delivered During Visit

<b>Diagnostic/Preventive Services</b>	<b>Counseling/Anticipatory Guidance</b>	<b>Restorative/Emergency Care</b>
Examination:    Yes    No	Yes    No	Fillings:                      Yes    No
X-rays:            Yes    No		Crowns:                      Yes    No
Risk assessment:    Yes    No	<b>Referral to Specialty Care</b>	Extractions:                      Yes    No
Cleaning:            Yes    No	Yes    No	Emergency care:                      Yes    No
Fluoride varnish:    Yes    No	_____	Other: _____
Dental sealants:    Yes    No	<i>(Please specify specialist)</i>	<i>(Please specify)</i>

### Future Oral Health Care Services

All treatment completed:    Yes    No                      Next recall date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

More appointments needed for treatment?    Yes    No

If yes: Approximate number of appointments needed: \_\_\_\_\_ Next appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Additional Information for Parents, Head Start Staff, and Medical Providers

### Oral Health Provider's Contact Information and Signature

\_\_\_\_\_  
Provider name *(please print)*                      Phone number                      Fax number

\_\_\_\_\_  
Practice name                                      Address

\_\_\_\_\_  
Provider signature                                      Date of service