



Pediatric Oral Health Screening Dental Office

NAME _____

DOB _____

MRN _____

PCP _____

Patient ID _____

Chief complaint or reason for referral _____

Initial

Follow-up

Caries risk indicators – based on parent interview

| | Y | N | Notes |
|---|---|---|-------|
| (a) Mother/ primary caregiver has had active dental decay in past 12 months | | | |
| (b) Older siblings with history of dental decay | | | |
| (c) Continual use of bottle containing beverages other than plain water (nothing added). Bottle use > 12 months old | | | |
| (d) Child sleeps with a bottle or nurses on demand after any teeth have erupted | | | |
| (e) Frequent (greater 3x/day total) candy, carbohydrate snacks, soda, sugared beverages, and fruit juice | | | |
| (f) Medical Risks: 1. Saliva-reducing meds (asthma, seizure, hyperactivity etc.) 2. Developmental problems etc. 3. History of anemia or iron therapy 4. Daily liquid meds | | | |

Protective factors – based on parent interview

| | Y | N | Notes |
|---|---|---|-------|
| (a) Child lives in fluoridated community AND drinks tap water daily | | | |
| (b) Teeth cleaned with fluoridated toothpaste smear twice daily | | | |
| (c) Child has a dental home and regular dental care | | | |

Oral examination

| | Y | N | |
|---|---|---|--|
| (a) Obvious white spots (demineralization) Non-cavitated ECC (V72.2) | | | |
| (b) obvious decay present on the child's teeth Cavitated ECC (521.02, 521.03) NOTE ON DIAGRAM White/Brown/Black spots | | | |
| (c) Plaque is obvious on the teeth and/or gums bleed easily | | | |

Assessment: Child's caries risk status (any checked item in shaded areas confers high risk):

LOW HIGH EXTREME

Plan:

Oral Health education handouts Self Management Goals

1. _____

2. _____

3. _____

- Dispense toothpaste and toothbrush
- Tooth brushing & fluoride varnish application
- Oral Health Clinic follow-up appointment (high and extreme risk) _____ months
- Urgent outside dental referral (high risk, needs tracking)
- Routine dental referral for dental home (all others)

Provider Signature: _____

Date of Service: _____

Name: _____