



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			
(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: _____