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| --- | --- |
| Parent’s/Guardian’s Name: | Race/Ethnicity: Asian Black/African American Hispanic/Latino  Multi-racial Native American Native Hawaiian/Pacific Islander  White Unknown Other (*Please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Oral Health Screening Form

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| Date of Screening |  |
| Level of Urgency |  |

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| Section 2: Oral Assessment (Filled by California licensed dental professional) | |
| 1. **Caries experience** | |
| 1. Fillings present: Yes No | 1. Visible caries: Yes No |
| 1. **Treatment Urgency** | |
| **Level 1 -** No obvious problem found.Preventive care with complete oral evaluation recommended. | |
| **Level 2 -** Caries without pain or infection; and/or child would benefit from sealants or further evaluation. **Early Dental Care Recommended** | |
| **Level 3 –** Detected (select all that apply) pain infection swelling soft tissue lesions. **Urgent Care Needed** | |
| 1. **Other Findings** | |
| Gingival problems: Yes No Orthodontic intervention indicated: Yes No  Other problem identified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Other Services provided** | |
| Fluoride Varnish Prohpylaxis Other services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| --- | --- |
| Name of Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title of Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | License Number\_\_\_\_\_\_\_\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ |

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| Section 3: Outreach and Care Coordination (To be filled by dental care coordinator or school nurse) |
| Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Languages Spoken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sealant Consent: Positive Negative Not returned  Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |