Oral Health Risk Assessment, Screening, and Follow-Up

Infant's or child's name: ____________________________________________________________

Date of birth: __________ / __________ / __________

Oral Health Risk Assessment Results (check one)
☐ At high risk for tooth decay (refer immediately to a dentist)
☐ At low risk for tooth decay (refer to a dentist)

Oral Health Screening Clinical Findings (circle “present” or “absent”)
1. Pain and/or infection related to oral problems: present OR absent
   (If present, refer immediately to a dentist)
2. Developmental problems: present OR absent
3. Dental restorations or fillings: present OR absent
4. Untreated tooth decay: present OR absent (If present, refer as soon as possible to a dentist)
5. Dental sealants: present OR absent
6. Trauma: present OR absent

Follow-Up Recommendations (check one)
☐ Refer infant or child to a dentist immediately for treatment. (For infants and children at high risk for tooth decay, or with pain and/or infection related to oral problems.)
☐ Refer infant or child to a dentist as soon as possible for intervention and/or possible treatment. (For infants or children with untreated tooth decay.)
☐ Refer infant or child to a dentist for a routine visit. (For infants or children at low risk for tooth decay.)

Notes:

Completed by: ____________________________________________________________

Today's date: __________ / __________ / __________

month day year