

Oral Health Risk Assessment, Screening, and Follow-Up

Infant's or child's name: _____

Date of birth: _____ / _____ / _____
month day year

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