



ORAL HEALTH FORM

Head Start and Partnerships

Child's Name: _____ Birth date: _____

This practice is the child's dental home: Yes No

Current Oral Health Status (check appropriate box)

Current Oral Health Status	Yes	No
Does the child have any teeth with untreated decay?		
Does the child have any teeth that have previously been treated for decay, including filling, crowns, or extractions?		
Are there treatment needs?		

Oral Health Care Services Delivered during Visit (check appropriate box)

Diagnostic/Preventive Services	Yes	No
Examination		
X-Rays		
Risk assessment		
Cleaning		
Fluoride varnish		
Dental Sealants		
Restorative/Emergency Care	Yes	No
Fillings		
Crowns		
Extractions		
Emergency care		
Other:(Specify)		

Future Oral Health Care Services

Future Oral Health Care	Yes	No
All treatment completed		
More appointments needed for treatment?		
If yes: approximate number of appointments needed: _____ Next appointment: Date: _____		
Referral to Specialty Care		

Fluoride

The following communities in our agency do not have fluoride in their water supply: Niobrara, Norfolk, Dakota City, Stanton, and Wisner.

I recommend Fluoride Supplements for this child. I do not recommend Fluoride Supplements for this child.

Dentist Signature: _____ Date of exam: _____

Dentist Name (Print): _____ Phone: _____

Name of Form: ORAL HEALTH FORM

Purpose: Required by Head Start Performance Standards- Health Program Services

Instructions: Staff will consult with all enrolled families to determine whether each child has ongoing sources of continuous, accessible oral health care-provided by a health care professional that maintains the child's ongoing oral health record and is not primarily a source of emergency or urgent care.

An oral health examination must be completed within 90 days of enrollment and include current oral health status, oral health care services delivered during visit, future oral health care services, fluoride supplement recommendations, and referrals for specialty care (if applicable). If any of the information is not clear, staff will clarify it with the doctor's office before the information is entered into ChildPlus and reflected in ChildPlus PIR.

The oral health professional will determine if follow-up or referral is necessary. Follow-up and referrals will be tracked in ChildPlus by staff. Staff will assist families, as needed, in obtaining any prescribed medications, aids, or equipment for medical conditions.

Cost of the required examination will be covered by the family's dental insurance. If the child does not have a source of health insurance coverage, the program will assist families in accessing a source of care and dental insurance that will meet these criteria, as quickly as possible. Documentation will be completed to show efforts assisting families. Head Start funds can be used as a last resort, if no other resources are available and proper documentation exists.

Filed At: Original in child's file

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