



## Head Start Oral Health Form—Children

### Patient Information

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Parent's/guardian's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
This practice is the child's dental home: ☐ Yes ☐ No

### Current Oral Health Status

Does the child have any teeth with untreated decay? ☐ Yes (decay) ☐ No (decay free)  
Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? ☐ Yes ☐ No  
Are there treatment needs? ☐ Yes, urgent ☐ Yes, not urgent ☐ No treatment needs

### Oral Health Care Services Delivered During Visit

#### Diagnostic/Preventive Services

Examination: ☐ Yes ☐ No  
X-rays: ☐ Yes ☐ No  
Risk assessment: ☐ Yes ☐ No  
Cleaning: ☐ Yes ☐ No  
Fluoride varnish: ☐ Yes ☐ No  
Dental sealants: ☐ Yes ☐ No

#### Counseling/Anticipatory Guidance

☐ Yes ☐ No

#### Referral to Specialty Care

☐ Yes ☐ No

\_\_\_\_\_  
(Please specify specialist)

#### Restorative/Emergency Care

Fillings: ☐ Yes ☐ No  
Crowns: ☐ Yes ☐ No  
Extractions: ☐ Yes ☐ No  
Emergency care: ☐ Yes ☐ No

Other: \_\_\_\_\_  
(Please specify)

### Future Oral Health Care Services

All treatment completed: ☐ Yes ☐ No Next recall date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)  
More appointments needed for treatment? ☐ Yes ☐ No  
If yes: Approximate number of appointments needed: \_\_\_\_\_ Next appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Additional Information for Parents, Head Start Staff, and Medical Providers

### Oral Health Provider's Contact Information and Signature

Provider name (please print) \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
Practice name \_\_\_\_\_ Address \_\_\_\_\_  
Provider signature \_\_\_\_\_ Date of service \_\_\_\_\_

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. Any Diagnostic/Preventative Service checked is considered Preventative care, a checkmark needs to be marked under ChildPlus Event Dental Exam "*Received Preventative Care – C.18 <sup>PIR</sup>*". Staff will assist families, as needed, in obtaining any prescribed medications, aids, or equipment for medical conditions and any follow up required by a Professional. Documentation will be completed to show efforts assisting families under the Event Dental exam > Add Action.

The 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 for the cost. Head Start funds can be used as a last resort if no other resources are available and proper documentation exists.

Filed At: Scan into ChildPlus

Revised: 7/2023