



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

Counseling/Anticipatory Guidance

Yes No

Restorative/Emergency Care

Fillings: Yes No

X-rays: Yes No

Crowns: Yes No

Risk assessment: Yes No

Extractions: Yes No

Cleaning: Yes No

Emergency care: Yes No

Fluoride varnish: Yes No

Other: _____

Dental sealants: Yes No

(Please specify specialist)

(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 PIR*". 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.

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