

# Children's Basic Oral Health: Dental Health Screening Report

**Schools please note: This form is for SAMPLE USE ONLY and requires individual administrative and legal review by school personnel to ensure compliance with all applicable laws, regulations, school policies, and local requirements. IDOH will provide a modifiable version of this form upon receipt of an email confirming school review and approval from a school attorney or administrative leader .**

Conduct each exam in private to ensure student privacy during the oral health screening.

## Student's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_ School Name: \_\_\_\_\_

## Risk Factors

Ask the parent or student the following questions to determine their risk for tooth decay/  
dental caries:

|  |   |   |          |
|--|---|---|----------|
| 1. Do you visit a dentist regularly?                           | Y | N | NOT SURE |
| 2. Do you eat sugary or sticky snacks more than 3 times a day? | Y | N | NOT SURE |
| 3. Do you drink juice in a bottle?                             | Y | N | NOT SURE |
| 4. Do you brush your teeth 2 times a day?                      | Y | N | NOT SURE |
| 5. Do you use toothpaste with fluoride?                        | Y | N | NOT SURE |
| 6. Special health care needs?                                  | Y | N | NOT SURE |

## Visual Exam Findings

|  |   |   |          |
|--|---|---|----------|
| 1. Mouth or tooth pain                                   | Y | N | NOT SURE |
| 2. Visible swelling of the face or neck around the mouth | Y | N | NOT SURE |
| 3. Active tooth decay present in the teeth (see p. 3)    | Y | N | NOT SURE |
| 4. Visible plaque buildup on the teeth                   | Y | N | NOT SURE |
| 5. White, chalky areas on the gum line                   | Y | N | NOT SURE |
| 6. Small pits or holes                                   | Y | N | NOT SURE |
| 7. Large areas of discoloration                          | Y | N | NOT SURE |
| 8. Broken, chipped, cracked teeth                        | Y | N | NOT SURE |
| 9. Swollen or bleeding gums                              | Y | N | NOT SURE |
| 10. Wounds or sores on the lips, cheeks, or tongue       | Y | N | NOT SURE |
| 11. Bumps or sores, on gums                              | Y | N | NOT SURE |

|  |   |   |          |
|--|---|---|----------|
| 12. Previous fillings or crowns present (Metal or tooth-colored, p. 3) | Y | N | NOT SURE |
| 13. Missing teeth  | Y | N | NOTSURE  |

**\*\*Yes, to any of these indicates increased risk for tooth decay.**

## Visual Assessment of Dental Caries Risk

High Risk

Low Risk

### Next Steps:

#### High Risk:

1. Recommend a dental visit be scheduled as soon as possible.
2. Recommend fluoride varnish application by a dental professional.
3. Refer to a dentist if needed.
4. Offer resources for finding affordable and accessible care if needed.

#### Low Risk:

1. Recommend a routine dental visit.
2. Recommend fluoride varnish application by a dental professional.
3. Offer resources for finding affordable and accessible care if needed.
4. Encourage the parent to discuss the application of dental sealants with a dentist to help protect teeth.

**\*\* If in doubt, refer to a dentist sooner rather than later.**

Not sure who to refer to? No problem!

You can use [smilehelpnow.com](https://smilehelpnow.com) or email [oralhealth@health.in.gov](mailto:oralhealth@health.in.gov) for assistance.



## Active Tooth Decay



**Metal Colored Filling**



**Tooth Colored Filling**

