

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

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	NOT SURE

**\*\*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**

