

OHIO DEPARTMENT OF EDUCATION
DIVISION OF **EARLY CHILDHOOD** EDUCATION

DENTAL FORM

Name of Child ___ Male ___ Female	
Date of Birth	
Child's Current Age	
Parent(s)/Guardian(s) Name	

1. Is the child now receiving any of the following? If YES, include length of time receiving fluoride.

Topical fluoride application ___ No ___ Unknown ___ Yes
 Fluoridated water ___ No ___ Unknown ___ Yes
 Fluoride supplement diet ___ No ___ Unknown ___ Yes
 ___ Tablets ___ Liquid

2. Does the child have any of the following? If YES, provide details.

Allergies ___ Yes ___ No
 Asthma ___ Yes ___ No
 Bleeding ___ Yes ___ No
 Diabetes ___ Yes ___ No
 Epilepsy ___ Yes ___ No
 Heart/vascular disease ___ Yes ___ No
 Liver disease ___ Yes ___ No
 Rheumatic fever ___ Yes ___ No
 Sickle cell disease ___ Yes ___ No
 Other (Please list.) _____

3. Does the child have any trouble with teeth, gums, or mouth? ___ Yes ___ No
 If so, what kind? _____

4. Child has previously seen a dentist? ___ Yes ___ No
 Dentist's Name _____ Date of last visit _____

5. Child is under a physician's care? ___ Yes ___ No
 Physician's Name _____

6. Child is receiving medication? ___ Yes ___ No

7. PLEASE PROVIDE A WRITTEN SUMMARY OF SERVICES REQUIRED (on the back of this form):

- for the relief of pain or infection
- restoration and/or pulp therapy of decayed primary and permanent teeth
- extraction of non-restorable teeth
- dental prophylaxis and instruction in self-care oral hygiene procedures

Dentist's Name (Print)			
Complete Address			
Phone		Date of Current Visit:	
License No.	Tax ID No.		

This is a SAMPLE FORM provided by the Ohio Department of Education that may be used to comply with the Head Start Performance Standards regarding dental examination and data (45 CFR 1304.3-3,4,5). The annual dental exam by a dentist is an oral diagnostic procedure which should include radiographs (x-rays) only if the dentist determines that they are absolutely necessary. This should be completed within 90 days of the child's entrance into the program. Developmental dental history should be part of health screening completed within 45 days of entrance.