

## Oral Health Assessment Form - Age 3 to 6

We care about your child's oral health. Together, you and your child's dental care team can help create a healthy dental care plan for your child. Please complete this Oral Health Assessment form in order to personalize this care plan for your child.

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please circle the correct answer for each question below.*

① Has mother/father or caregiver had a cavity in the past 12 months?	Yes	No	
② Has your child had any cavities in the past 3 years?	Yes	No	
③ Do other siblings have a history of dental decay?	Yes	No	
④ Does your child frequently snack on soda, sugared beverages, or fruit juice?	Yes	No	
⑤ How often does your child snack between meals?	3-5	1-3	0-1
⑥ Does your child take medications for asthma, seizure or hyperactivity?	Yes	No	
⑦ Does your child take daily liquid medications?	Yes	No	
⑧ Does your child have any developmental problems?	Yes	No	
<hr/>			
⑨ Does your drinking water contain fluoride?	No	Yes	I don't know
⑩ Are your child's teeth cleaned with fluoride toothpaste twice daily?	No	Yes	
⑪ Does your child have a dental home and receive regular dental care?	No	Yes	I don't know

***Thank you for your time!***

## For Dental Staff Use Only

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

① Cavitated or Radiographic Lesions?

Yes

No

② Inadequate saliva flow?

Yes

No

③ White spots/demineralization?

Yes

No

④ Plaque is obvious on teeth?

Yes

No

⑤ Gums bleed easily?

Yes

No

⑥ Deep pits/fissures?

Yes

No

*\* Establishing a dental home means that your child's oral health is delivered in a comprehensive, continuously accessible, coordinated and family-centered way. The dental home allows the dental professions to treat and assist children and parents to optimal oral health.*