CAP | COMMUNITY ACTION PARTNERSHIP of SCOTT CARVER & DAKOTA COUNTIES

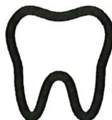
Head Start Dental Exam Form

1302.42(b)(i)

Child Name: ______________________

DOB: ______________________

Classroom: ______________________



Exam Date:

Dental Examination

Diagnostic/Preventative Services:

☐ Examination ☐ Prophylaxis/Cleaning ☐ X-Rays ☐ Fluoride Varnish ☐ Sealant

☐ Other- Please Describe: ______________________

Counseling/Anticipatory Guidance:

Well Water? ☐Yes ☐No → Well Water Tested: ☐Yes ☐No

Results: ______________

Bottle Tooth Decay: ☐Yes ☐No Fluoride Tablets Prescribed: ☐Yes ☐No

Other- Please Describe: ______________________

Oral Health Status: ☐ No Dental Decay Present ☐ Dental Decay Present

☐ Other/Comments: ______________________

Dental Treatment

Dental Treatment - Includes restoration, pulp therapy, or extraction. It **does not** include fluoride application or cleaning.

☐ No Treatment Given ☐ Treatment Given - Date Dental Treatment Occurred: ______________

Treatment Needed:

☐ Restoration(s) ☐ Extraction(s) ☐ Pulp Therapy ☐ Other: ______________

Treatment Status: ☐ More Treatment Needed ☐ All Treatment Completed

☐ Other/Comments: ______________________

Future Follow-Up Appointments

Care Needed at Next Visit:

☐ Routine Preventative Care Only → **Appointment Date** ______________

OR

☐ Restoration(s) ☐ Extraction(s) ☐ Pulp Therapy ☐ Other → **Appointment Date** ______________

Referral(s) Needed:

☐ None ☐ Pediatric Dentist ☐ Needs Treatment Under General Anesthesia

Referred to: ______________________ → **Appointment Date** ______________

Health Care Provider Name:	Clinic Name/Address (Stamp):
Provider Signature:	
Date:	
Phone Number:	

Parent – Sign below:

I hereby give my permission to the Health Care Provider listed above to release information regarding the medical care provided to my child to CAP Agency Head Start. I reserve the right to revoke my permission at any time and this release will automatically expire one year after the date of my signature.

______________________ ______________

Signature of Parent/Guardian Date

*****FOR OFFICE USE ONLY*****

FSC ______________ Class ______________ New or Update Entered ______________