



# ORAL HEALTH ASSESSMENT

7460 SW Hunziker St, Suite H Tigard, OR 97223

<b>Child's Name</b> _____		OHP # _____
<b>Date of Birth</b> _____	<b>Zip Code</b> _____	DCO _____
<b>Site</b> _____		Private _____
<b>Classroom</b> _____		None _____
<b>No Treatment Needed (Child is up to date with care):</b> <input type="checkbox"/> <b>Date of assessment:</b> _____		
<b>Treatment Indicated:</b> <input type="checkbox"/>	<b>Approximate number of appointments needed:</b> _____	
<b>Treatment in Progress:</b> <input type="checkbox"/>	<b>Next scheduled appointment:</b> _____	
<b>Did child receive preventive care?</b>		
<input type="checkbox"/> Fluoride varnish	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other _____
<b>ASTDD/Basic Screening Survey</b> indicators:		<b>Treatment Urgency:</b>
Child has cavities: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 0 No obvious problems
Child has treated decay (fillings): <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 Early Dental Care needed
Child has ECC (current or past decay in upper anterior teeth): <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2 Urgent Care needed (pain/infection)
<b>ASTDD/Basic Screening Survey</b> indicators: <b>Pregnant Women</b>		<b>Treatment Urgency:</b>
Pregnant woman has cavities: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 0 No obvious problems
Pregnant woman has treated decay (fillings): <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1 Early Dental Care needed
Pregnant woman has gum disease: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2 Urgent Care needed (pain/infection)
Notes/Comments:		
<b>Treatment:</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete		
<b>Name of Dentist/Clinic:</b> _____		<b>Phone:</b> _____
<b>Signature of Dental Provider:</b> _____		<b>Date:</b> ____/____/____