

Ohio School Health History

Oral Assessment

Child's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Birth date:
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other			

The following services have been performed:

- Examination by dentist
- Dental Sealants
- Oral Prophylaxis (cleaning)
- Orthodontic assessment
- Orthodontic assessment
- Radiographs
- Diagnosis
- Oral screening
- Fluoride application
- Prescription for fluoride supplements

The following oral hygiene instruction was provided:

- Tooth brushing
- Flossing
- Diet counseling related to dental health
- Home/school use of fluoride mouth rinse

The following statements are applicable:

- No apparent care needed at this time.
- All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
- No restorative services are required at this time
- Further treatment is indicated. (See comments)
- Further appointments have been arranged. (ex. Orthodontic, restorative)

Comments:

Examiner's Signature: _____ Date: _____

Examiner's Printed Name _____

Address _____

Phone _____