

SBHC Oral Health Screening Form

Patient Name: _____

Date of Service: _____

Age: ____

Provider Initials: _____

Have you had a dental exam in the past year? Yes No
 How often do you brush your teeth? 2X/day 1X/day Less Never
 How often do you floss your teeth? 1X/day at least 1X/week Less Never

Mark all of the findings below and circle the highest score found. Mark services you performed today and follow the next steps applicable to the patient's score.

Score 1.0	Score 2.0	Score 3.0	Score 4.0	Score 5.0
No evidence of plaque	Evidence of mild plaque		Pain and/or swelling	Pain and/or swelling
Gums pink/healthy	Gums show slight redness	Gums show slight redness	Gums red and swollen	Gums red and swollen
No white or discolored spots	No white or discolored spots	White spots noted	Brown spots and/or mild decay noted	Obvious decay noted
No erupted permanent molars or clear evidence of sealants on all erupted molars	No erupted permanent molars or clear evidence of sealants on all erupted molars	No sealant on one or more erupted permanent molars		
Fewer than two restorations	Two or more restorations			
Services Performed Today				
<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl <input type="checkbox"/> F Supplement	<input type="checkbox"/> Assessment <input type="checkbox"/> F Varnish <input type="checkbox"/> Hygiene Instr <input type="checkbox"/> Nutrition Cnsl <input type="checkbox"/> F Supplement
Next Steps				
F/U in 12 months	F/U in 6 months Re-apply F varnish Repeat hygiene instructions	Refer for sealants F/U in 6 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling	Refer for cleaning Refer for sealants Refer for minor restoration F/U in 2 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling	Refer to dentist F/U in 2 months Re-apply F varnish Repeat hygiene instructions Provide nutrition counseling

Toothbrush Provided
 Toothpaste Provided
 Dentist Referral Provided

Additional comments: