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.

<table>
<thead>
<tr>
<th>Score 1.0</th>
<th>Score 2.0</th>
<th>Score 3.0</th>
<th>Score 4.0</th>
<th>Score 5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>No evidence of plaque</td>
<td>Evidence of mild plaque</td>
<td>Gums show slight redness</td>
<td>Gums red and swollen</td>
<td>Gums red and swollen</td>
</tr>
<tr>
<td>Gums pink/healthy</td>
<td>Gums show slight redness</td>
<td>Gums red and swollen</td>
<td>Brown spots and/or mild decay noted</td>
<td>Obvious decay noted</td>
</tr>
<tr>
<td>No white or discolored spots</td>
<td>No white or discolored spots</td>
<td>White spots noted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No erupted permanent molars or clear evidence of sealants on all erupted molars</td>
<td>No erupted permanent molars or clear evidence of sealants on all erupted molars</td>
<td>No sealant on one or more erupted permanent molars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fewer than two restorations</td>
<td>Two or more restorations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Services Performed Today

- Assessment
- F Varnish
- Hygiene Instr
- Nutrition Cnsl
- F Supplement
- Assessment
- F Varnish
- Hygiene Instr
- Nutrition Cnsl
- F Supplement
- Assessment
- F Varnish
- Hygiene Instr
- Nutrition Cnsl
- F Supplement

Next Steps

- F/U in 12 months
- F/U in 6 months
- Refer for cleaning
- Refer to dentist
- Toothbrush Provided
- Toothpaste Provided
- Dentist Referral Provided
- Additional comments:

Colorado Association for School-Based Health Care