



NATIONAL CENTER ON  
Early Childhood Health and Wellness

## Head Start Oral Health Form—Children

### Patient Information

Ramia Chowdhury 10/26/2017 \_\_\_\_\_  
Child's name Date of birth Parent's/guardian's name Phone number

\_\_\_\_\_  
Address City State Zip code

This practice is the child's dental home: ☒ Yes ☐ No

### Current Oral Health Status

Does the child have any teeth with untreated decay? ☐ Yes (decay) ☒ No (decay free)

Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions? ☐ Yes ☒ No

Are there treatment needs? ☐ Yes, urgent ☐ Yes, not urgent ☒ No treatment needs

### Oral Health Care Services Delivered During Visit

#### Diagnostic/Preventive Services

Examination: ☒ Yes ☐ No  
X-rays: ☐ Yes ☒ No  
Risk assessment: ☐ Yes ☒ No  
Cleaning: ☒ Yes ☐ No  
Fluoride varnish: ☒ Yes ☐ No  
Dental sealants: ☐ Yes ☒ No

#### Counseling/Anticipatory Guidance

☐ Yes ☒ No

#### Referral to Specialty Care

☐ Yes ☒ No

\_\_\_\_\_  
(Please specify specialist)

#### Restorative/Emergency Care

Fillings: ☐ Yes ☒ No  
Crowns: ☐ Yes ☒ No  
Extractions: ☐ Yes ☒ No  
Emergency care: ☐ Yes ☒ No

Other: \_\_\_\_\_  
(Please specify)

### Future Oral Health Care Services

All treatment completed: ☒ Yes ☐ No  
More appointments needed for treatment? ☐ Yes ☒ No  
If yes: Approximate number of appointments needed: \_\_\_\_\_ Next appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Next recall date: 02 / 23 (month/year)

### Additional Information for Parents, Head Start Staff, and Medical Providers

P&C Pediatric Dentistry  
1011 Clifton avenue Ste 29  
Clifton NJ 07013

### Oral Health Provider's Contact Information and Signature

Umar P. Patel 973-928-3880 \_\_\_\_\_  
Provider name (please print) Phone number Fax number

\_\_\_\_\_  
Practice name Address 8/24/25  
\_\_\_\_\_  
Provider Signature Date of service