

**OHIO DEPARTMENT OF EDUCATION  
DIVISION OF EARLY CHILDHOOD EDUCATION  
DENTAL FORM**

Name of Child:	Male / Female
Date of Birth:	
Parent(s)/Guardian Name:	

1. Is the child now receiving any of the following? If "yes", include length of time receiving fluoride.

Topical fluoride application	_____ No	_____ Unknown	_____ Yes
Fluoridated water	_____ No	_____ Unknown	_____ Yes
Fluoride supplement diet	_____ No	_____ Unknown	_____ Yes

2. Does the child have any of the following? If "yes", provide details

Allergies	_____ Yes	_____ No
Asthma	_____ Yes	_____ No
Bleeding	_____ Yes	_____ No
Diabetes	_____ Yes	_____ No
Epilepsy	_____ Yes	_____ No
Heart/Vascular disease	_____ Yes	_____ No
Liver disease	_____ Yes	_____ No
Rheumatic fever	_____ Yes	_____ No
Sickle cell disease	_____ Yes	_____ No
Other (Please list)		

3. Does the child have any trouble with teeth, gums, or mouth? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what kind? \_\_\_\_\_

4. Child has previously seen a dentist? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Child is under a physician's care? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Child is receiving medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. PLEASE PROVIDE A WRITTEN SUMMARY OF SERVICES REQUIRED (on back of form):

- For the relief of pain or infection
- Restoration and/or pulp therapy of decayed primary and permanent teeth
- Extraction of non-restorable teeth
- Dental prophylaxis and instruction in self-care oral hygiene procedures.

Dentist or Physician Signature	Signature	Date:
Dentist/Physician Name Printed		
Complete Address		
Phone		

This is a SAMPLE FORM provided by the Ohio Department of Education that may be used to comply with the Head Start Performance Standards regarding dental examination and data (45 CFR 1304.3-3,4,5). The annual dental exam by a dentist is an oral diagnostic procedure which should include radiographs (x-rays) only if the dentist determines that they are absolutely necessary. This should be completed within 90 days of the child's entrance into the program. Developmental dental history should be part of health screening completed within 45 days of entrance.