

Dental Screening Form

Parent To Complete

When the Health Assessment Transmittal Form issued by NCDPI is used to complete the NC Pre-K child's health assessment, a **separate dental screening** must also be completed due to it not being included on the NCDPI form. Per NC Child Care Rule 10A NCAC 09 .3005 Child Health Assessment, the child's health assessment must include a dental screening, which may be recorded on this form.

Child's Name: _____
Birth date: ____/____/____
Gender: ___ Male ___ Female
Parent or Guardian: _____
Address: _____
City: _____
Phone number: _____ **School/Pre-K:** _____

Health Care Provider To Complete

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- ___ Dentist
- ___ Dental Hygienist
- ___ Physician
- ___ Physician Assistant
- ___ Registered Nurse
- ___ Other Health Professional: _____

Pattern of early childhood cavities:

- No cavities/decay present or no obvious problem
- Cavities/decay present or dental care needed (comment required)
- Referral for Urgent Care (comment required)

Comments:

Signature _____ **Date** _____